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The Development, Implementation, and Evaluation of a Pilot Program Designed to Enhance Wellbeing through Self-Identified

Acknowledgments

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The Development, Implementation, and Evaluation of a Pilot Program Designed to Enhance Wellbeing through Self-Identified Lifestyle Changes

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We describe the development, implementation, and evaluation of an introductory and interdisciplinary program to increase participants' knowledge and awareness of wellbeing and intention to implement self-identified lifestyle changes.

“Wellness and Wellbeing: What About Me?” was a University Extension pilot program that was designed to introduce wellbeing as a multidimensional construct. The program was delivered by Extension professionals in 14 sites across Iowa. Program evaluation consisted of a post-program assessment at the end of the seven-week series. The majority of the 115 post-program survey respondents were female, ranging in age from 22-88 years. Almost all survey respondents (89%) reported learning something new, and 94% reported that they intended to make a change to their lives because they attended the program. In addition, themes derived from open-ended survey responses supported the results related to awareness and intention to change behavior. Results from this pilot implementation were used to inform modifications to future program content, length, and dissemination efforts through Extension.

Keywords: behavior change, interdisciplinary, knowledge change, program development, program implementation, program evaluation, wellbeing, wellness

The term *wellbeing* represents a broad concept related to life balance that encompasses all areas of an individual's existence (Caputo & Simon, 2013; Dodge et al., 2012; Petersen et al., 2015). This perspective of wellbeing is interdisciplinary, holistic, and integrated, and extends the concept beyond physical health (Hettler, 1976; Rath & Harter, 2010; Witmer et al., 1998). Using this paradigm, a program titled “Wellness and Wellbeing: What About Me?” was developed and piloted by Human Sciences Extension and Outreach at Iowa State University. In this article, we discuss program development, implementation, and findings from an evaluation of the program, including participant attendance, what participants reported learning, and ways they planned to implement changes to their lives as a result of participating. We also discuss how findings were used to make program modifications to enhance participant engagement and reduce implementation burden.

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Extension has supported the health and wellbeing of individuals, families, and communities throughout its history by providing research-based and informal education opportunities through land-grant universities across the nation (United States Department of Agriculture, n.d.). In 2014, a national Extension committee created a Framework for Health and Wellness (Braun et al., 2014) and included a call for Extension professionals "...to create a new programmatic focus" (p. 2). The framework outlined strategic program priorities focused on issues such as health and health insurance literacy, chronic disease prevention and management, and health policy issues. The concept of health extension (Kaufman et al., 2010) as one of Extension's grand challenges has been growing (Henning et al., 2014; Rodgers & Braun, 2015) and is capitalizing on the idea that "Extension can do for the nation's health what it did for American agriculture" (Braun et al., 2014, p. 2). Based on its history and program focus, Extension provides an optimal platform through which to develop and deliver a program directed at improving individual wellbeing.

Wellness and Wellbeing: What About Me? Program

The "Wellness and Wellbeing: What About Me?" program was designed to assist individuals in enhancing awareness, knowledge, and understanding of wellbeing in ways that were personally meaningful. The program included five content areas with an emphasis on increasing awareness that wellbeing is more than eating well and exercising. The material and curriculum sessions were developed by an interdisciplinary team, based on current research, purposefully introductory in nature, and highlighted the interrelated nature of wellbeing (Rath & Harter, 2010). Adult learning theory was also applied as a theoretical framework, particularly as it relates to Extension programming (Franz, 2007; Gillis & English, 2001; Harris et al., 2016; Knowles, 1984, 1986; Ota et al., 2006; Wise, 2017; Worker et al., 2017).

The multidisciplinary team of faculty, subject matter experts, and Extension educators was tasked with ensuring that a new curriculum was developed that represented an interdisciplinary, holistic, and integrative view of personal wellbeing as a concept beyond physical health and focused on areas of wellbeing that are common to existing conceptual models. The formative program development process included a review of each session by faculty or subject matter experts and Extension educators with proficiency in each content area, as well as focus groups with a small convenience sample of staff interested in learning about wellbeing. Feedback from these experts and participants informed modifications to the content, activities, and materials. As part of the focus group testing, we ensured the content could be delivered within a 45-minute time frame.

The resulting curriculum consisted of seven, 45-minute sessions that were delivered using the same standardized implementation protocol. Table 1 provides the session titles, summarizes the learning objectives for each of the seven sessions, and provides the percentage of participants who attended each session. Session one introduced various models of wellbeing, while sessions

two through six addressed five specific areas of wellbeing: purpose and finding meaning (session two), social and relationship quality (session three), financial security and choice (session four), physical health (session five), and personal interests and community contributions (session six). Session seven highlighted the interrelatedness of different areas of wellbeing and included a summary of the core content and information about additional resources and educational opportunities that were available through Extension. The order of the session topics was intentional, presented in sequence, and with a holistic approach to wellbeing. The program was also intentionally introductory with an aim of scaffolding the content to other Extension programming.

Table 1. Wellness and Wellbeing: What About Me? Session Content and Attendance

Session Title	Learning Objective	Attendance Percentage
Session 1: Introduction to Wellbeing	Increase your understanding and awareness of health, wellness, and wellbeing.	95.5%
Session 2: Purpose and Finding Meaning	Increase your understanding and awareness of purpose. Learn how to develop your purpose.	87.9%
Session 3: Social and Relationship Quality	Learn the components of a quality relationship. Discover why quality relationships are important.	93.1%
Session 4: Financial Security and Choice	Explore financial wellbeing. Discuss ways to increase financial wellbeing. Think about your financial wellbeing.	76.4%
Session 5: Physical Health	Learn three key points for thriving physical wellbeing. Learn habits that can positively affect your physical wellbeing.	73.6%
Session 6: Personal Interests and Community Contributions	Explore ways to express your purpose through community engagement. Enhance your understanding and awareness of how to choose activities that match your talents and interests. Recognize activities that nourish and contribute to your wellness and wellbeing and those that do not.	69.5%
Session 7: What About Me?	Celebrate your ongoing work to improve your wellbeing. Explore the interrelatedness of the different areas of wellbeing. Share additional resources and educational opportunities.	65.5%

Each 45-minute session was scripted and followed the same structure: review and preview (structured outline); opportunity for reflection (targeted questions answered individually and then shared with the group); communication of content (mini-lecture); application activities (various

experiential learning opportunities); development of a plan of action (structured written form); and a summary and preview of the next week's content (structured outline). An example of an opportunity for reflection included asking program participants the question, "Why is my physical wellbeing important?" in the physical wellbeing session. Participants responded anonymously on a notecard, and leaders randomly selected responses and shared them verbally with the group. This activity engaged program participants on an individual level and encouraged group discussion and support. Each mini-lecture included topic-specific ideas for personal application. Although homework was not provided between weekly sessions, the individualized action plans completed at the end of each session were intended to facilitate their commitment to making a small behavior change each week, and this was reinforced by sharing progress on those plans the following week. Participants were encouraged to create manageable action plans that were feasible to achieve over the course of a week.

In the following sections, the implementation and evaluation of the "Wellness and Wellbeing: What About Me?" pilot program are discussed along with how the findings informed program modifications. The research questions guiding the evaluation included:

- 1) Would the participants be willing to attend the seven program sessions?
- 2) Would participants report that they had learned something new due to their participation in the program?
- 3) Would participants demonstrate an understanding and awareness that wellbeing is more than physical health?
- 4) Would participants indicate an intention to make a change to their lives due to their participation in the program?

Methods

Pilot Program Implementation

Iowa State University Extension and Outreach staff at the state and county levels who expressed interest in participating in the pilot and agreed to attend the one-day mandatory training served as leaders for program implementation. Expectations of leaders included the delivery of at least one series of the program, a commitment to fidelity, and provision of feedback regarding their implementation experience, all within the pilot time frame (January 2015 - June 2016). Staff members were encouraged to attend the training with colleagues who could subsequently form an interdisciplinary implementation team of two to four, as Extension educators were to lead sessions based upon their areas of expertise. To facilitate standardized implementation, leaders were provided with a teaching guide that included session outlines and facilitation notes, a scripted PowerPoint slide set for each session, program participant evaluation forms, and a set of marketing materials. Limited observations were conducted by two program developers to check for adherence and gauge audience engagement.

By registering for this program, participants committed to attending the entire seven-week program. The program was offered once a week for seven weeks to allow participants to implement their action plans between meetings. No fee was charged to the host entity or the program participants. The Institutional Review Board at Iowa State University determined that the project did not need review as it did not meet the federal definition of research.

Interdisciplinary teams of leaders identified pilot sites through outreach to businesses, community agencies, faith-based organizations, and other groups with interest in providing wellbeing content to their members, clients, or partners. The 14 pilot site locations ranged from smaller rural communities to larger urban centers. Ten series were conducted at worksites, three were delivered to a previously established group (e.g., bible study club), and one took place in a public community space. The program was conducted once at each site.

Data Collection

Program Attendance. Program leaders did not track individual-level attendance from week to week with a sign-in form; instead, they ascertained attendance through anonymous forms that were completed as part of a session activity each week. This information, along with the initial registration numbers reported by leaders, was used to examine program participation patterns.

Post-program Survey. A post-program survey was adapted from a questionnaire that had been used to evaluate two other community-based programs (Garcia et al., 2014; Sellers & Markham, 2012). Items were developed based on face validity to most closely assess the targeted learning objectives for the newly developed program. The anonymous post-program survey was administered by leaders via paper forms at the end of the seventh session. Questions included: “Because of your participation in this program, did you learn anything new? If yes, what?” and “Because of your participation in this program, do you plan on taking any action or changing anything about your life? If yes, what?” Although participants did not rate the program at the end of each session, they were given the opportunity to rate their level of understanding for each subject covered in the post-program survey. These results are not reported here to concentrate on the broader program aim of increasing awareness, knowledge, and understanding of the interrelated nature of wellbeing. Demographic information collected included gender, age, race, ethnicity, marital status, and education level.

We inductively coded data from open-ended items independently and then came together to compare the individual results and discuss them. This process was repeated until we reached a consensus on the manifest themes (Tashakkori & Teddlie, 2010). Given the general nature of open-ended survey items, survey responses often contained multiple themes. In these cases, we coded each unique theme. Therefore, the number of mentions coded exceeds the total number of responses provided by survey respondents.

Results

Program Participation

Regarding the first research question, we present participation-related data. Leaders used various registration methods at each of the 14 sites, resulting in 193 registrants. At least 174 individuals attended one session of the series across the 14 sites (based on the session with the highest attendance at each site). At three sites, the number of program participants that attended at least one session exceeded the number that had registered in those locations by one to three individuals, or 7% to 25%. The average number of participants per session was ten and ranged from 4-29 participants across the program sites. The average drop from highest session attendance to lowest session attendance across the 14 sites was 44% and ranged from a low of 10% to a high of 71%. Session-specific attendance patterns indicated that attendance was generally higher and consistent across sessions 1-3, after which attendance steadily declined for each subsequent session, with the lowest attendance at session seven. This pattern held for series delivered on location at worksites, established groups outside of a workplace, and in the public community space (Table 1).

Post-program Survey Results

Across the 14 sites, 115 program participants completed the survey at the end of their participation. Survey respondents ranged in age from 20-88 years, with a mean age of 48.3 ($SD = 16.0$). The sample was predominately female (75.0%), white (95.5%), and married (69.3%). Most respondents had a bachelor's or graduate degree (41.6%) or had some college education (38.9%). There were no significant differences between these groups on any survey responses.

To address the second research question, of the 115 survey respondents, 102 (89%) reported that they learned something new. The 102 survey respondents who responded affirmatively to this item were asked to describe what they learned in an open-ended question, and 96 respondents elected to respond. One respondent answered "no" but provided an open-ended response. These 97 responses were subsequently coded into 13 unique themes. Table 2 presents the themes mentioned at least five times by survey respondents, descriptions of the themes, an example for each theme, and the number of times each theme was mentioned. Frequent themes included reflection on past and future wellbeing and specific areas, such as physical or financial. One theme indicated that at least some of the material was a review of previously held knowledge. The majority of mentions were related to the complexity and definition of wellbeing, providing positive information relative to the third research question.

Table 2. Wellness and Wellbeing: What About Me? Responses Related to What Was Learned

Theme	Number of Mentions	Description	Example
Complexity of Wellbeing	32	Understanding all the areas that comprise wellbeing, its complexity, and need for balance.	“How much all the areas affect the other.”
Definition of Wellbeing	31	The five areas of wellbeing/the recognition of these areas.	“That wellness is more than nutrition and exercise.”
Reflection	27	Recognition of the importance of putting oneself first, bettering oneself, and of motivation and inspiration to make personal changes.	“To stop – think about the past riches in my life, where I am today, and what I want for my tomorrow.”
Physical	13	Nutrition, health, or exercise.	“How to better manage my mental and physical health issues.”
Financial	9	Financial concepts, such as saving money or managing financial decisions.	“I feel as I near retirement, I need to work on my budget and find ways to put more money away.”
Purpose	8	Identification of personal passions, values, and gifts.	“I learned to find my purpose [...] I’m planning on going back to school.”
Review of Knowledge	8	Content was a review of previously understood information.	“I have a background in social work, and much of this, I was familiar with. It was a great refresher and seemed to be new info for others.”
Social	7	Social interactions or personal relationships.	“To take time out and spend more time with family and friends.”
Personal Interests and Community Contributions	6	Becoming involved with the community.	“How to help do things in our community.”
Setting Personal Goals/Plans	5	Setting personal goals and forming future plans regarding wellbeing.	“To set goals that are more realistic.”

To address the fourth research question, approximately 108 (94%) of the 115 survey respondents reported they intended to make a change to their lives because of program participation. Survey

respondents who answered affirmatively to this item were asked to describe, in an open-ended question, what they planned to change. Of the 108 respondents who responded “yes” to the intention to make a change in their life, 98 responses from the open-ended question were coded into ten unique themes. Table 3 presents the themes mentioned at least five times by survey respondents, descriptions of the themes, an example for each theme, and the number of times each theme was mentioned. Most mentions were related to the physical and financial areas of wellbeing. Similar to themes related to knowledge gained, respondents mentioned goal setting, personal reflection, and awareness of wellbeing, and the need to take time for themselves.

Table 3. Wellness and Wellbeing: What About Me? Responses Related to Intention to Change Behavior

Theme	Number of Mentions	Description	Example
Physical	41	Eating healthier, exercising, and general mentions of health.	“I am definitely focused on getting at least seven hours of sleep EVERY night.”
Financial	29	Financial planning, finances in general, or saving money.	“Sticking to my budget and saving more.”
Goal Setting	26	Making a specific plan, or continuing on a plan; also decision-making and regaining past personal interests.	“I plan to meet with a financial planner and review information from the Iowa State University website on budgets and retirement.”
Social	21	Improving social involvement, relationships, and communication.	“Improve communication frequency with son/daughter-in-law/grandchildren.”
Self-Reflection	15	Thinking and reflection, including being a better person, or changing outlook on life to a more positive view.	“Rethinking what I really love – how I want to be spending my time...”
Personal Interests and Community Contributions	14	Being involved in communities through volunteerism.	“Keep doing community stuff.”
Awareness of Wellbeing	12	The five areas of wellbeing/the recognition of these areas.	“Balance work, relationships, personal health, financial management, and community involvement.”
Time for Me	11	Putting oneself first, allowing time for oneself, being open and seeking new adventures.	“I plan on separating my time more clearly between my work and hobbies.”

Discussion

The “Wellness and Wellbeing: What About Me?” pilot program was designed to introduce participants to the concept that wellbeing is a complex construct, along with providing them with an opportunity to make small behavior changes on a weekly basis. The structure, order, and content of the program sessions were intentionally developed to reflect “wellbeing” as the connection between and balance of each aspect of a person’s life. Sessions were designed to build on each other. The results from our pilot study were promising, with 89% of the respondents reporting that they learned something new and 94% reporting that they intended to make a change to their lives because of their program participation. These results may have been influenced by the structure of the program highlighting five areas of wellbeing and not focusing solely on physical aspects. The program included the completion of individualized action plans at the end of each session and provided a time for sharing related to progress on those plans the following week. It is possible that participants learned the value of and the process for developing action plans for life changes, as indicated by the fact that so many respondents reported one or more specific changes that they planned to make after program completion.

Regarding program attendance patterns, results suggested that participants found the material initially engaging in that attendance was fairly consistent across the first three sessions but then steadily declined, with an average drop of 44% from session high to session low across all groups. Interestingly, we found that this pattern held across worksites, established groups outside of a workplace, and in the community group. It would be reasonable to expect worksite attendance to remain more stable over time than the other site types given that these program participants were already at or near the location and attending required little effort on their part. The fact that this was not the case is noteworthy and suggests other factors besides convenience influenced program attendance patterns, such as scheduling conflicts and length of the program.

We were interested in finding out whether the program could expand participants’ awareness of health, wellness, and wellbeing beyond the importance of eating nutritious foods and exercising. Results from open-ended survey questions suggested that respondents left the program with the awareness that wellbeing is multidimensional and complex, and that areas are interrelated. Although the physical area of wellbeing received a high amount of mentions across the two open-ended questions, so too did financial and social wellbeing. These patterns indicate that the program may help participants become more aware of areas that might initially have been less familiar.

Implications for Practice

The pilot implementation created an opportunity to learn how the newly developed curriculum would work when implemented in real-world settings by Iowa State University Extension and Outreach educators. For example, as mentioned in the results section, actual attendance exceeded the number of registered participants in three groups, although we noted that this only

occurred at worksite locations. We posit that this might have happened because participants could easily make a last-minute decision to attend during their lunch hour, were influenced by their coworkers to attend, or having too much time between registration and series start at these locations. The implication for leaders in worksites is to be prepared with additional seating and extra sets of materials in case unregistered individuals appear ready to participate.

In addition to being prepared for more participants than anticipated, another lesson learned was that participation started to decline after the third week and was lowest at session seven. Feedback from program leaders suggested that the decrease in attendance was related to participants' work conflicts, travel time, and the overall number of sessions. In general, program leaders felt that seven sessions involved too large of a time commitment for most program participants. It is possible that beginning with the less concrete areas in the first three sessions may have precipitated a loss of interest in the program, and participants may not have seen the worth of the ongoing time commitment. However, a leader also reported that in one case, a group of program participants continued meeting after the final session to support each other's wellbeing-related goals. Taken together, findings from the pilot implementation suggested that the length of the program needed to be reduced.

Finally, consistent with an original aim of the program, we learned that participants and worksites were interested in additional, in-depth programming opportunities that would serve as a natural progression from the wellbeing program. This created an opportunity for Extension-based program leaders to promote and raise awareness about events, classes, and web-based or other resources that Extension offers. The value of this opportunity was clear to leaders who saw that they could plan and promote additional programming opportunities that would provide advanced education on areas covered during the wellbeing sessions.

As a result of our review of the attendance data, the survey results, leader feedback, and debriefing with leaders, the program development team decided to make several modifications before disseminating the program more broadly. The average length of the sessions was 49.7 minutes, with a range of 48.4 to 55 minutes, which was consistent with the focus group test. We noted that the number of participants might have had an impact on the length of the session. We made adjustments to the curriculum with the intention of maintaining the 45-minute time frame for each session. We emphasized the need to market and present the program to audiences as introductory, with the aim of scaffolding participants into advanced Extension educational opportunities in topics that were personally meaningful. To further strengthen these intentional program principles, we reduced the number of sessions from seven to four and focused the content on three areas of wellbeing. The physical, financial, and social areas were retained as they appeared to resonate most with program participants and aligned with rich expertise within the programmatic unit. We preserved content that defined wellbeing and highlighted its complexity as well as the focus on goal setting. We were pleased with the results related to the intention to change behavior and posited that moving beyond a weekly delivery time frame could

interfere with the promotion of small personal achievements. As the pilot primarily included worksites (10 of 14) and largely reached white, educated females, we supplemented the leader's guide and related training protocol with additional guidance for recruiting diverse audiences.

The revised curriculum was then implemented on a small scale to confirm that the modifications were acceptable to the intended audience and to program leaders. After a year of implementation of the revised program, 253 individuals have participated and completed the evaluation. Among those, 92% reported learning something new, and 89% reported that they had changed something in their lives due to the program. Preliminary data suggests that 11 Extension programs with in-depth learning on specific topics were scheduled as a result of the program's delivery.

Limitations

Results from the pilot study presented here occurred across one state, providing exploratory and initial information to guide decision-making related to the program's potential for statewide implementation and to inform the possible expenditure and value of additional resources for further development. Limitations in the use and generalizability of the reported results should be noted.

Although the program leaders were encouraged to promote the program to diverse populations, the resulting sample was largely homogenous, consisting of white, educated females. Demographic data was only collected from participants who completed the post-program survey; thus, we are not able to determine whether there were differences in demographic characteristics that may have influenced participation. We did not determine if participants had participated in Extension programming in the past, which may have influenced their participation in the program and/or responses to the survey.

The post-program survey consisted of self-reports, and although all data collected were anonymous, many of the sites had a small number of program participants. Because of this, survey respondents may have assumed that leaders would read their responses, leading to the possibility of social desirability bias.

Due to the program evaluation design and the data collection procedures (e.g., not conducting a pre-program survey, not tracking individual-level attendance across sessions), it was not possible to test for individual or group changes over time. It is important to acknowledge that reported results represent only the participants who attended the final session and responded to the post-program survey. Attendance was lowest at the seventh session; therefore, those who completed the series and the survey may have unique attributes and may not represent all who participated at some point in the program but not in the last session. For example, participants may have believed they understood upcoming content and therefore decided not to attend those sessions. Another example relates to the qualitative responses regarding what was learned, as participants were likely to have been influenced by which sessions they attended and less likely to report

learning about a topic from a session they did not attend. Attendance rates were higher for the earlier sessions, suggesting that those who completed the survey likely did not only attend the later sessions. The qualitative data suggest that participants understood that wellbeing is a complex construct, comprised of multiple areas.

Limitations notwithstanding, the results do contribute to our understanding of this introductory interdisciplinary wellbeing program and may have implications for others interested in similar program design and implementation strategies.

Conclusion

This article described the development, implementation, and evaluation of an introductory and interdisciplinary wellbeing program designed to increase participants' knowledge and intention to implement self-identified lifestyle changes. Human Sciences Extension and Outreach at one university piloted the program in one state. The post-program survey results suggest that the program may assist participants in thinking about their wellbeing, expanding their definition of wellbeing, and enhancing their wellbeing by helping them to determine what behavior changes they might integrate into their lives. Major themes that arose related to intended behavior changes included physical wellbeing, financial wellbeing, and goal setting. Revisions to the curriculum were informed by the results and were intended to reduce participants' time commitment, to increase the depth of knowledge in the three most mentioned areas, and to provide guidance to leaders on reaching a more diverse audience.

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