

6-10-2022

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Recommended Citation

Burton, D., O'Neal, L., Yelland, E., Stluka, S., & Rennekamp, R. (2022). Cooperative Extension in Urban America: Place-Based Approaches for Improving Health. *Journal of Human Sciences and Extension*, 10(2), 6. <https://scholarsjunction.msstate.edu/jhse/vol10/iss2/6>

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Cooperative Extension in Urban America: Place-Based Approaches for Improving Health

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While the bulk of Cooperative Extension’s (Extension) historical work has been with rural populations, its future work should also address the needs of those living in urban areas. The opportunity to live a long and healthy life is paramount among those needs. Cooperative Extension’ National Framework for Health Equity and Well-Being (Framework) provides a roadmap by which Cooperative Extension can help ensure that all people have that opportunity. The central premise of the Framework is that future work of Extension must include but extend beyond the promotion of healthy behaviors to place-based approaches for improving conditions in which people live, learn, work, and play.

Recommendations for doing so include advancing health equity as a systemwide value, integrating data science with community voice to surface health inequities, investing in health-focused work, initiating new partnerships, and utilizing community development principles to influence social determinants of health. This article sequentially introduces the reader to the five recommendations and highlights how each of those recommendations is already being put into practice in urban areas of the United States.

Keywords: health, determinants, urban, well-being, equity

Since its creation in 1914, Extension has played an important role in improving our nation’s health. Much of its early work focused on basic sanitation, healthy eating, and food preservation. At that time, most Extension staff were based in rural areas of the country, and as a result, individuals living in more urban areas may not have had access to the health-related programs of Extension. Over time, however, Extension’s portfolio of health-related work has evolved to

include efforts related to physical activity, chronic disease prevention and management, nutrition security, mental health, immunization education, substance misuse prevention, environmental health, and healthy aging.

The purpose of this article is to provide a present-day “snapshot” of Extension’s health-focused work in urban areas of the United States organized around five high-level recommendations contained in Cooperative Extension’s National Framework for Health Equity and Well Being (Extension Committee on Organization and Policy Health Innovation Task Force, 2021). Included are examples of how Extension personnel serving urban areas of the nation are already implementing core elements of those recommendations in their work.

A Roadmap for Health Extension

In 2012, the Extension Committee on Organization and Policy (ECOP) appointed a National Task Force on Health to identify systemwide priorities for guiding Extension’s health-related work for the next three to five years. Approved by ECOP in 2014, Cooperative Extension’s National Framework for Health and Wellness (Braun et al., 2014) was instrumental in establishing health as a priority for Extension. It also served to raise the visibility of Extension’s health-related work and catalyzed the establishment of new programs, partnerships, and professional development opportunities (Braun & Rodgers, 2018).

The following decade gave rise to an increased focus on the social determinants of health (National Academies of Sciences, Engineering, and Medicine [NASEM], 2017) across the public health and healthcare communities. Also gaining attention were the inequities in health outcomes between various groups. It soon became evident that a sole focus on promoting healthy behaviors was insufficient to close the health outcome gap that exists between those with the resources needed to maintain or improve their health and those who do not. Consequently, place-based work to improve community conditions began to gain momentum (Dankwa-Mullen & Perez-Stable, 2016).

By 2020, the need for a refreshed framework became evident. Accordingly, ECOP appointed a Health Innovation Task Force to provide recommendations for system-level change that would further advance Extension’s health-related work. Members of the task force were selected based on their expertise in areas such as health equity, public health, community engagement, prevention science, evaluation, and healthcare. The task force quickly identified updating the framework as a high-priority task and charged a work team with leading the framework update. Drafts of the framework document were vetted widely across Extension with a special effort to surface the voices of HBCUs and tribal colleges. After more than a year of work by the subgroup, [Cooperative Extension’s National Framework for Health Equity and Well-Being](#) was approved by ECOP in July 2021.

Included in the updated Framework are five high-level recommendations for Extension.

- **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.
- **Utilize community assessment processes** that integrate data science and resident voice to identify and address health inequities with greater precision.
- **Invest in the success and visibility** of Extension’s health-related professionals, programs, and initiatives.
- **Establish partnerships** with academic units, universities, government agencies, corporations, non-profit organizations, and foundations that share a commitment to reducing or eliminating health inequities.
- **Utilize a community development approach** to advance the work of coalitions focused on influencing the social determinants of health.

The following sections explore each of the recommendations in greater detail and include brief descriptions of where the recommendation is already being implemented in various urban areas of the nation.

Health Equity as a Core Value

When a group experiences suboptimal health because of policies, practices, or conditions that are preventable, unfair, or unjust, the deleterious effects on those groups are referred to as health inequities. Long-standing inequities, including some that have been introduced and promulgated by federal, state, and local policies, have put some population groups at increased risk of experiencing illnesses, having worse outcomes when they do get sick, and worse overall health.

The National Academies of Sciences defines structurally-driven health disparities as those brought about by “the dimensions of social identity and location that organize or structure differential access to opportunities for health including race, ethnicity, gender, employment and socioeconomic status, disability, immigration status, geography, and more” (NASEM, 2017).

Fortunately, many of these inequities are remediable. When a society is committed to health equity as a common value, people work together to ensure that everyone, regardless of race, neighborhood, or financial status, has fair and equal access to a healthy community of opportunity (PolicyLink, 2020).

Consequently, it is recommended that CES adopt an organizational perspective that frames racism as a public health issue in a manner like other threats to public health. This shift in Extension’s strategic direction is long overdue and is critical to growing Extension’s role in reducing inequities in health outcomes. But organizational barriers to working in new ways must be removed if Extension professionals are to be successful in eliminating such inequities (Harder, 2019).

It is important to note that some individuals may view efforts to address barriers to health as being outside of Extension's core work and mission. Others may see efforts to drive resources toward groups that have been historically underserved as taking resources away from those who currently benefit from the work of Extension. Not only are these beliefs historically inaccurate, but they also jeopardize the future of Extension (ECOP Health Innovation Task Force, 2021). The following projects are two examples of CES work currently in progress that exemplify health equity as a core value.

In Nebraska, Extension has played a key role in creating the [Well Connected Communities Health Equity Coalition](#) in the city Lincoln. This coalition focuses on eliminating the 20-year life expectancy gap which exists between various neighborhoods of the city. The coalition conducted focus groups by and with community members impacted by health inequities which sought a deeper understanding of health disparities. By better understanding health equity from the perspective of those living, learning, working, and worshipping in a particular neighborhood, the coalition was able to amplify the voices of adults and youth who live there and advocate for the resources needed to eliminate the current life expectancy gap. The coalition used an asset-based approach to develop a strategic plan for catalyzing action focused on various dimensions of community change.

In New Hampshire, limited data were available regarding the food and health behaviors of the Hispanic population at the start of the COVID-19 pandemic. As a result, programs and policies to aid this population were at risk of not achieving their goals. Accordingly, the Dao Research Lab at the Department of Agriculture, Nutrition, and Food Systems at the University of New Hampshire (UNH) implemented a survey in collaboration with UNH Cooperative Extension (UNHCE) to assess the perceived physical and psychosocial wellbeing of the Hispanic population in New Hampshire during the pandemic. Results are being used to inform the development of resources, future interventions, and programming for that population.

Integrate Data Science and Resident Voice

Many past efforts to advance community health have been framed within an expert paradigm of prescribing what a community or group needed to achieve optimal health. More recent research demonstrates this approach was ineffective and likely exacerbated health inequities among some social groups. Identifying the specific drivers of inequity requires authentic community engagement with health-disparate populations. Further, granular and inclusive data must be utilized to enhance and support resident voice. It is nearly impossible to identify precisely and alter existing inequities without these things.

Data science is a growing field of study that is rapidly transforming how we use data to answer complex questions, including those related to health inequities and well-being. Innovative data science techniques can be used to collect and analyze complex data rigorously, but also to make predictions, identify trends, enhance efficiency, and accurately target effort. According to Dean

Linda P. Fried of Columbia University's School of Public Health, data science is a major part of the solutions needed for public health, and we must "use science to raise the floor and the ceiling of health for everyone" (Goldsmith et al., 2021, p. 1).

The previously mentioned initiative in New Hampshire that assessed the relationship between the food environment, food insecurity, and health behaviors among Hispanics during COVID-19 exemplifies many data science recommendations for Extension. Their team surveyed a representative sample of the Hispanic population on 13 existing measures of well-being, conducted proximity calculations between subjects' residential addresses and food sources, and aggregated data from six state and federal databases to geolocate a variety of food sources. With this data, targeted universalism (Powell et al., 2019) – setting universal goals with focused approaches for varying groups – can be practiced as holistic issues among the broader Hispanic population are identified. Geo-specific data is then used to inform appropriate interventions for various micro-locations.

Resident voice, also called community voice, is a process of co-learning that can strengthen engagement from a wide range of people, particularly those who are underserved, marginalized, and underheard. Without purposeful engagement with these populations, their voices are often not heard nor included in policies and other decisions that affect their day-to-day lives. The literature has consistently shown that community-based participatory research, of which resident voice is a part, is effective in collaboratively developing, implementing, and sustaining initiatives that seek to address inequities and improve the social determinants of health (e.g., Williamson et al., 2020).

In Kansas City, resident voice was used to inform an initiative to address food deserts in Wyandotte County, where 27,000 people are food insecure or without food access. Alongside the Unified Government, a grocery co-op, and other stakeholders, Extension organized listening sessions that gathered and engaged 350 residents. Through this process, residents were able to engage in participatory decision-making regarding healthy and affordable foods they would like to see in the store, thus making it a more desirable place to shop. Not only did one co-op break ground because of these and related initiatives, but additional underserved and underrepresented communities that lack food access were identified, and additional efforts in those areas are underway. Extension professionals are uniquely centered to engage their communities to determine the most critical needs of disadvantaged populations by collecting reliable, extensive data.

Investments to Ensure Success

While the implementation of this Framework must be grounded in an assessment of what is already being done, it also must be innovative and adaptable to meet the emerging initiatives of partners, funders, and urban communities. For example, the current priorities of the U.S. Department of Agriculture (USDA), the federal partner and a primary funder of the Cooperative

Extension System, are nutrition security, climate change, market opportunities, and diversity, equity, and inclusion (USDA, 2021). In addition, the usage and adoption of the word “health” nationally across Extension systems have increased, along with its presence in strategic planning, which shows commitment to an investment in future health initiatives.

To do this work, hiring initiatives focused on seeking out professionals who hold health-focused degrees, such as public health, must be pursued. The Extension system must also invest in the success of these health-related professionals, such as explicitly offering unique professional development opportunities focused on health and well-being. For example, the National Health Outreach Conference, an annual gathering of Extension faculty and staff with an explicit focus on health, offers attendees a robust array of professional development offerings. It can also serve as a forum for Extension to engage with relevant partners to plan and implement initiatives on a national scale (Braun & Rodgers, 2018).

Increasing funding for work in disadvantaged communities, especially those in urban areas, is also critical if Extension is to be successful in reducing health inequities. Recently, an investment by the Centers for Disease Control and Prevention (CDC) supported work by Extension personnel and community partners to increase public awareness of health inequities and increase access and uptake of COVID-19 vaccines. Emerging as the [Extension Collaborative on Immunization Teaching & Engagement \(EXCITE\)](#), the effort ultimately involved the Extension Foundation, ECOP, USDA National Institute of Food and Agriculture (NIFA), and the CDC as implementation partners. Through this effort, funds were made available to all 1862, 1890, and 1994 Land-Grant institutions.

Community partnerships lie at the heart of the EXCITE work conducted by Cornell University Cooperative Extension in New York City (CUCE-NYC). In early 2021, CUCE-NYC Executive Director Jennifer Tiffany learned that 70 medical students volunteering with the community engagement team at Weill Cornell Medicine’s Clinical and Translational Sciences Center (CTSC) were trained and certified to administer COVID-19 vaccinations but had nowhere to do so since they were only available on evenings and weekends. Building on long-standing partnerships, CUCE-NYC connected them with the Community Healthcare Network (CHN) of federally qualified health centers serving neighborhoods throughout NYC so the medical students could volunteer with community-based vaccination clinics.

The first vaccine clinic involving the students took place at a church in the Jamaica, Queens neighborhood, and within five hours, they would administer all 176 allocated doses. According to Jeff Zhu, the CTSC’s managing director of community engagement and research, “it was a resounding success,” a sentiment also conveyed by Rev. Patrick O’Connor of the First Presbyterian Church. The day’s success was attributed to the strong existing organizational partnerships, the community context, and Extension’s ability to make quick connections between organizations with shared interests.

The partnership to take COVID-19 vaccinations to people in their community grew from there. It was a key asset when EXCITE sought collaborations nationwide. In the months leading up to the start of the EXCITE program, community-based pop-up clinics brought vaccinations to 3,505 people. Plans solidified to partner with FEMA to establish ongoing community-based vaccination sites in churches in East New York, Washington Heights, Harlem, and South Jamaica. EXCITE support started on June 1, 2021, and since then, the partnership clinics have administered more than 25,000 additional vaccinations, adapting to the rapidly changing pandemic and policy environment.

When New York's emergency declaration ended in late June 2021, medical and nursing students shifted to offering basic health screenings until they were able to resume administering shots under the PREP Act. The community-based FEMA sites continued until the end of July 2021, with support from the NYC Black Nurses Alliance. Community-based pop-up clinics stayed strong and accessible using an innovative "back-pack model" developed by Dr. Freddy Molano, Community Healthcare Network's Vice President for Infectious Disease and LGBT Programs and a lead organizer for the pop-up clinics. With the advent of new variants and a new NYS emergency declaration, the work continues to adapt and build nimble partnerships that bring COVID-19 vaccines to people in their home communities. The partnerships are grounded in a long-standing commitment to advance health equity, racial justice, and life-long health for all.

As a result of the EXCITE work, the ECOP Health Innovation Task Force is in ongoing conversations about how Extension can become a longer-term partner in immunization education and clinic access efforts with special attention to medically underserved and low-uptake communities. Equity and access are central to this conversation.

The South Dakota State University (SDSU) Extension [Better Choices, Better Health \(BCBH\)](#) program seeks to increase self-efficacy, help people improve their self-management of chronic conditions, enhance the daily lives of adults as they age, and create a new revenue stream for the institution (Contreras & Anderson, 2020). To expand the program's reach, SDSU formed a partnership with the Community Health Worker Collaborative of South Dakota (CHWSD) to advocate for it becoming an approved training program under South Dakota Medicaid. With that approval granted, individuals who wish to utilize the BCBH curriculum now complete a training course offered by SDSU before offering the program in the communities they serve. SDSU has now hired a community outreach coordinator who will collaborate with a variety of state and local partners to expand offerings of the training required to administer the program.

SDSU Extension itself has hired three additional community health workers who have led 21 workshops with 99 participants. By leveraging Extension's role and capacity to work across sectors in communities, programs such as BCBH now play a role in creating equitable health policies and positions that will positively impact the social, economic, and environmental contexts in which people live, learn, work, and play.

Establish Partnerships

The Framework also advocates Extension to increase partnerships with academic units, government agencies, and non-profit organizations that work to address the social determinants of health. Such partnerships allow for the complementary use of skills, expertise, resources, and infrastructure to implement comprehensive approaches for reducing health inequities.

The role of Academic Health Centers (AHCs) has historically centered around providing high-quality medical care to patients, educating physicians-in-training, and conducting innovative research to advance clinical care (Ramsey & Miller, 2009). Despite advancements in medicine, many challenges in population health remain as the rates of preventable diseases, premature mortality, and health disparities in the United States are higher than in other comparable countries (Murphy et al., 2017). Driven by the social determinants of health, the high rates of morbidity, mortality, and associated disparities in the United States require a community-centered approach to health and well-being. As AHCs begin to expand their missions to include addressing the social determinants of health (Park et al., 2019) and health becomes a more prominent focus within the Extension system, there is a timely opportunity for strong collaboration towards the advancement of population health outcomes in the United States.

Faculty and researchers at academic medical centers, health science programs, and other academic units offer expertise related to various health conditions, including chronic disease prevention and management, mental health, substance abuse and misuse, and immunization-preventable illnesses. Extension offers complementary expertise in community capacity building and addressing social determinants through community outreach and education. Effective partnerships between the two can generate high-impact initiatives that advance health equity.

Gutter and colleagues (2020) highlight the advantages of promoting community health collaboration between Clinical and Translational Science Award (CTSA) programs and Extension. The CTSA program provides financial support for approximately 60 academic medical centers to develop, demonstrate, and disseminate medical advancements in translational research. CTSA hubs are required to address the needs of special populations, such as those experiencing health disparities, and have incorporated partnership strategies such as leveraging community organizations, telehealth, and others to improve the health outcomes of designated health disparate populations. The vast reach of Extension, along with the existing resources of CTSA programs, provide a unique opportunity for strategic collaboration to advance the shared mission of advancing health equity. Today, CTSA programs are rethinking their historical reliance on an expert model of innovation diffusion to one based on authentic community engagement.

In Florida, a partnership between the University of Florida's Clinical and Translational Science Institute (UF CTSI) and the University of Florida Institute of Food and Agricultural Sciences Extension (UF IFAS Extension) has led to the development of a multistate project to increase the uptake of vaccinations for COVID-19 and influenza in high risk, including urban, communities

across five states. The PANDEMIC (Program to Alleviate National Disparities in Ethnic and Minority Immunizations in the Community) study is working in three urban communities, including St. Louis, Missouri, the Bronx, New York, and Sacramento County, California. The project's overall goal is to increase the uptake of vaccinations for COVID-19 and influenza.

PANDEMIC utilizes a community-engaged approach, including partnerships with community health workers, community and faith-based organizations, and health departments to address disparities in adult immunization among migrant farmworkers, Native American, Hispanic, and Black populations. Through six intervention strategies, a combination of evidence-based and innovative, the PANDEMIC study has the potential to impact vaccination rates among these high-priority populations significantly. Additionally, it will demonstrate the power of strategic partnership between academic medical centers and Extension.

In addition to partnerships with internal academic units, government agencies, and non-profit organizations, strategic partnerships between Land-Grant Universities would allow greater impact within states, across regions, and beyond.

Extension also has a long history of collaboration with state and county health departments and other local government agencies. There are many examples of how local Extension professionals have worked with local government agencies to advance health through traditional education and outreach.

Utilize a Community Development Approach

Addressing the social determinants of health will require that Extension adopt new ways of working that extend beyond face-to-face delivery of educational programs. While promoting behavior change through formal education will remain an important part of Extension's health portfolio, its impact on overall health and well-being is limited. It is estimated that as much as 70% of an individual's health is determined by factors other than their behaviors (County Health Rankings and Roadmaps, 2014).

According to the NASEM (2017) addressing the social determinants of health will require the creation of multi-sector, multi-generational coalitions steadfastly committed to creating sustainable community change. Extension has extensive experience mobilizing community action around a wide array of community issues, including health equity (Buys & Koukel, 2018). Furthermore, there are many different roles that Extension can play within a community coalition, moving in and out of these roles as appropriate. These roles include convening, facilitating, managing, supporting, resourcing, and leading.

The skills needed to work in these new ways align well with those possessed by Extension's community development professionals. Through the years, Extension has historically employed

many faculty and staff who have expertise in community development, but not all Extension staff possess skills in facilitating community change.

Coalitions must bring together representatives of education, government, health and healthcare, non-profit organizations, and business with community residents with lived experience in a particular locale to be most effective. Together, they collaboratively plan and implement efforts to address the barriers that stand in the way of the achievement of shared health goals.

More and more, community development professionals are looking at their work through an equity lens by embracing a concept called equitable development. Equitable development is “an approach for meeting the needs of underserved communities through policies and programs that reduce disparities while fostering places that are healthy and vibrant.” It is increasingly considered an effective “placed-based action strategy for creating strong and livable communities” (U.S. Environmental Protection Agency, 2021). Equitable development is driven by “clear expectations that the outcomes from development need to be responsive to underserved populations and vulnerable groups.” When looked at through a health lens, it is about being responsive to the needs of those experiencing the greatest health inequities or health burden.

Being responsive to the needs of communities experiencing health inequities while balancing the distribution of finite resources is a challenge that many community development professionals face. One solution is the utilization of an approach called targeted universalism. Targeted universalism begins with the fundamental belief that we are all part of a society where everyone deserves the opportunity to thrive. Using a targeted universalism approach, a community begins with a discussion about a universal health status that everyone should be able to achieve. That is followed by the development of targeted strategies by which groups can achieve those universal goals. Success with a targeted universalism approach is dependent upon moving past the idea that driving resources to one group means taking away from another (Powell et al., 2019).

In Texas, Prairie View A&M University has become an active partner in community-based efforts to improve health outcomes in 10 Houston communities. The overall goal of the effort is to create “complete communities” that provide residents with the health resources they need to experience the best health they can through all stages of life. Extension’s role in that effort focused on expanding awareness of health resources, improving access to healthy food, promoting self-care practices, and building strong families. Four Prairie View A&M colleges worked together to provide leadership and support to the [Healthy Houston Initiative](#). These include the College of Agriculture and Human Sciences, College of Nursing, College of Juvenile Justice, and the College of Business.

For the Healthy Houston Initiative, Extension staff from all program areas work together to reach residents where they live on their terms. Examples include creating a mobile kitchen unit and Extension activities conducted in association with farmer’s markets and pop-up grocery stores. In addition, a promising new effort called the Community Agriculture School Sustainability

Program is teaching young people about innovative growing systems such as aquaponics and hydroponics as well as the economic, social, and environmental considerations of agricultural production systems. Through the program, youth learn about the basics of gardening, agricultural entrepreneurship, and developing a marketing plan.

The Ohio State University uses authentic resident engagement and community development principles to support the transformation of a high poverty, distressed community adjacent to its Columbus campus. The seeds of revitalization came in 1995 when Ohio State and the City of Columbus joined forces to create a non-profit community redevelopment corporation. The core of the effort is the creation of a planned neighborhood consisting of affordable rent-to-own homes. Supported by the rebuilding of the Weinland Park Elementary School and the creation of the adjacent Shoenbaum Family Center, children in Weinland Park now have a well-supported continuum of learning from birth to age 10.

Today, the Weinland Park Collaborative brings together business, education, government, and philanthropy representatives to coordinate a broad array of activities across the neighborhood. Activities of the Collaborative focus on such things as public safety, housing, employment, healthy living, resident engagement, youth development, and education. In particular, Ohio State University Extension has provided programs focused on workforce development, entrepreneurship, homeownership, tax preparation, infant mortality, and supportive services for tenants. Because of its value to the community, Ohio State University Extension was provided free office space to operate a branch office in a newly constructed property owned by the Community Housing Network.

Conclusion

As showcased in this article, Extension faculty and staff in many locations across the country are demonstrating a new way of working, focusing on the constellation of contextual factors that are preventing the residents of some urban communities from being as healthy as they can be. These efforts augment the historical work of Extension to build health literacy and promote healthy behaviors. While the examples included in this article constitute a sample of place-based efforts to improve population health and reduce inequities in health status, Extension professionals in more locations across the country must follow the lead of their pioneering peers.

Wider adoption of place-based approaches, particularly in urban areas, will require moving beyond a prescriptive, expert-based model of university outreach to a community-engaged approach focused on collaborative solution-finding with and for communities. It will also necessitate changes in the criteria by which Extension faculty and staff are evaluated as well as providing them with the training and resources needed to work in new ways. Finally, clear signals from Extension leadership regarding the importance of equity in decisions about where to focus time and resources will be necessary for staff to feel supported in engaging in work that focuses on the needs of those struggling to make a living and live a healthy life.

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