

Cooperative Extension's National Framework for Health Equity and Well-Being

Produced by the Extension Committee on Organization and Policy
Health Innovation Task Force

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Full report is available [here](#).



The Extension Committee on Organization and Policy (ECOP) is the representative leadership and governing body of Cooperative Extension, the nationwide transformational education system operating through land-grant universities in partnership with federal, state, and local governments and is located at Association of Public and Land-grant Universities, 1220 L. Street NW, Suite 1000, Washington, DC 20005, 202.478.6029 – www.extension.org/ecop.

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Every day, people make choices that impact their health. These choices have been the focus of health professionals for years. Generations of time, energy, and resources have been dedicated to informing and influencing these choices through education, social marketing, and scores of other methods. Accordingly, public discourse has tended to frame health as a personal responsibility where good health is seen as a personal success, ill health a personal failing.

But linking a person's health solely to their individual choices tells an incomplete story. Those choices are made within a system of contextual factors that can have a far greater influence on a person's health than their individual behaviors. Moreover, these contextual factors place some individuals and groups at a comparative disadvantage in their efforts to achieve optimal health. As such, the need for a refreshed framework to guide Cooperative Extension's health-related work has never been greater.

In 2020, the Extension Committee on Organization and Policy (ECOP) appointed a Health Innovation Task Force to revisit Cooperative Extension's Framework for Health and Wellness (Braun, et al. 2014) and make needed revisions. This document presents Cooperative Extension with an updated framework for improving population health and achieving health equity through a focus on three core themes – health equity, social determinants of health, and working through coalitions to increase community health assets.

Health Equity

The Robert Wood Johnson Foundation defines health equity as a condition which exists when “everyone has a fair and just opportunity to be as healthy as possible.” The World Health Organization (2021) expands upon that definition characterizing health equity as the “absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.”

Health inequities are created when these means of stratification are used to establish norms, policies, and practices which determine who has access to the resources needed to be healthy. These resources are often provided or denied on the basis of race, ethnicity, gender, employment and socioeconomic status, disability, immigration status, and geography (National Academies, 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).

Eliminating health inequities stemming from structural or institutional racism must be a focus of Cooperative Extension's work in coming years. Work to eliminate health inequities experienced by people who live in rural areas must also be a focus of Cooperative Extension's work.

Social Determinants of Health

Societal factors which influence the health of an individual are commonly referred to as the social determinants of health (SDoH). These determinants are nested in the places where people live, learn, work, and play. The relationship between an individual and this social context is frequently depicted through a social-ecological model. This updated framework continues to reinforce the notion that these determinants have a far greater impact on population health than individual health behaviors.

Numerous models exist for grouping the many determinants of health into distinct categories. For example, [Healthy People 2030](#) (HHS, 2020) groups determinants into health care access and quality, education access and quality, neighborhood and built environment, social and community context, and economic stability. The [National Academies](#) (2017) identify education, employment, transportation, social environment, public safety, physical environment, housing, wealth, and health systems as nine areas upon which systems change can focus.

For the past several years, Cooperative Extension's work as a SNAP-Ed implementing agency has gradually evolved to include a focus on influencing the social determinants of health by catalyzing changes to the policies, systems, and environments in which people live their lives (Yetter and Tripp, 2020). Cooperative Extension must learn from this work and expand upon nutrition-focused PSE change to influence the other determinants of personal and population health. One way that Cooperative Extension can work to influence the nature and impact of these determinants is to engage in community coalitions.

Coalitions and Community Health Assets

Cooperative Extension has a long and rich history of engaging in partnerships to support the delivery of its educational programs. The 2014 framework identified partnership development as an important strategy for expanding the reach of these programs. However, it stopped short of defining Extension's role in promoting, establishing, and providing support for community coalitions focused on increasing community health assets.

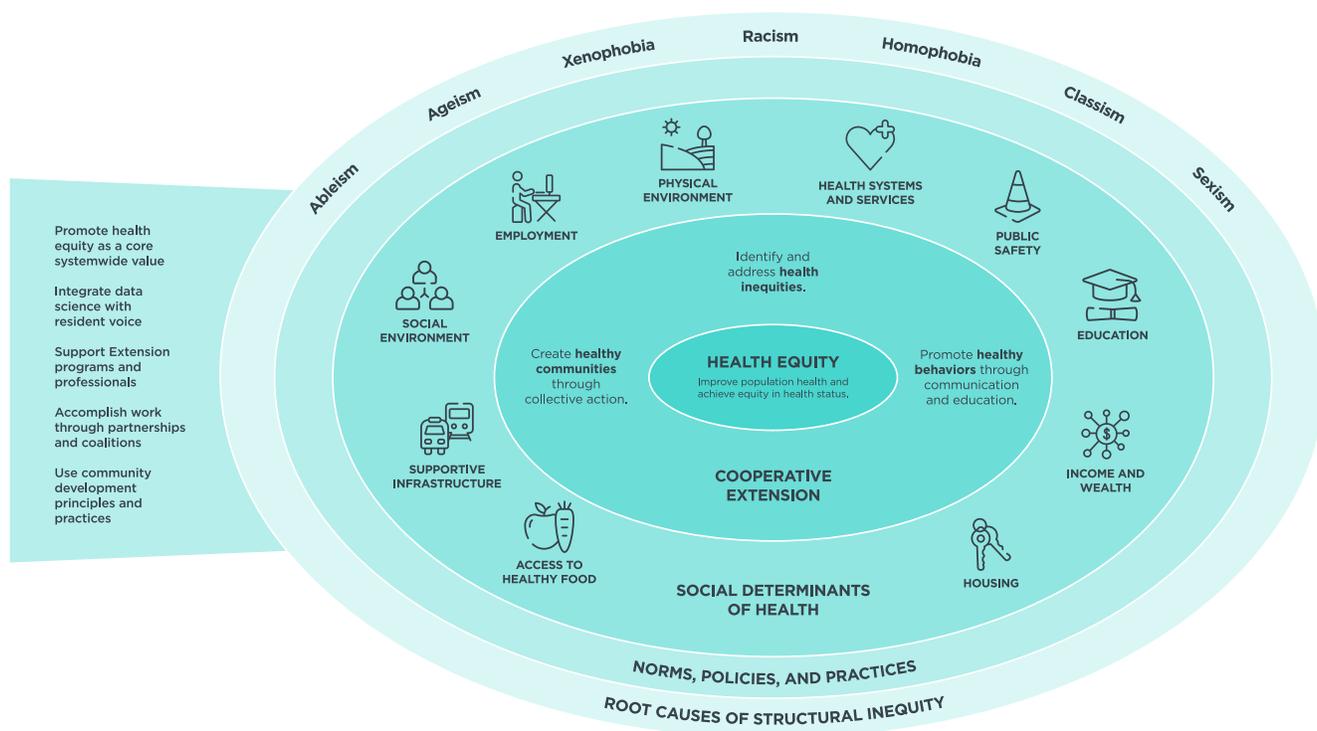
Interagency councils that focus on health equity are typically made up of representatives of health and human service providers who engage with racially and ethnically diverse communities (Anderson et al., 2015). Community coalitions, however, include active participation from individuals who have actually experienced inequities. This report also advocates for the inclusion of young people who will inherit the impacts of decisions made today.

Cooperative Extension can play many different roles within community coalitions. These roles include convening, facilitating, managing, supporting, resourcing, and leading. Perhaps Cooperative Extension's most significant role in a coalition is to connect the community to the knowledge and resources of the broader university.

For Extension, being an effective coalition member involves moving back and forth between being a teacher and learner, at times serving as a source of expert-based knowledge, but also listening and learning from the other voices at the table. Partnerships among 1862, 1890, and 1994 land grant institutions help establish credibility with some populations which have been historically underserved by Cooperative Extension.

The Framework for Health Equity and Well Being

The graphic depiction of the framework found immediately below illustrates how a focus on the core themes can advance Cooperative Extension's portfolio of work focused on improving population health and equity.



The outer ring of the diagram lists many of the **root causes of structural inequity**. The list, however, should not be viewed as exhaustive of all of the root causes of inequity. But when decision makers use their **power** to establish **norms, policies, and practices** through the lens of racism, for example, people of color may systematically be denied access to the resources and services which support lifelong health and well-being. These resources and services are more commonly referred to as the **social determinants of health**. This framework incorporates the nine social determinants of health identified by the National Academies of Science, Engineering, and Medicine (NASEM, 2017). Access to healthy food was added as a tenth determinant because of its centrality to the work of Cooperative Extension.

The work of **Cooperative Extension** focuses first on **identifying the health inequities** which may exist in a given community. Cooperative Extension then works through two major streams of activity in its efforts to improve health. The first stream is through **promoting healthy behaviors** through communication and education. This work can be focused on either the general population or on groups experiencing inequities in health outcomes. The second stream involves working with and through coalitions **to create healthy communities**. The work of these coalitions frequently focuses on addressing the social determinants of health which are barriers to achieving optimal health.

Together this work focuses on the dual goals **of improving population health and achieving equity in health status**. The “fin” attached to the left of the ovals lists the five high-level recommendations that Cooperative Extension System must implement if it to be effective in achieving the dual goals.

Recommendations

Recommendation 1: Advance health equity as a core system value to ensure that all people have a fair and just opportunity to be as healthy as they can be.

- 1.1 Identify examples of current work explicitly focused on health equity and share those examples across Cooperative Extension.
- 1.2 Adopt an organizational perspective that frames racism as a public health issue in a manner similar to other threats to public health.
- 1.3 Prioritize hiring, retention, and development of a diverse and culturally competent workforce.
- 1.4 Create structural mechanisms that drive new resources to chronically under-resourced Extension services and communities.
- 1.5 Appoint and resource a national Cooperative Extension health equity task force with diverse representation (including 4-H) to identify nationally applicable goals for advancing health equity.
- 1.6 Reinforce a system-wide commitment to equity from the top down through accessibility statements, land acknowledgments, and statements acknowledging Cooperative Extension's current and historical harms and the steps taken to address them.
- 1.7 Establish and strengthen relationships between Extension program areas to advance health as an Extension-wide priority

Recommendation 2: Utilize community assessment processes that integrate data science and resident voice to identify and address health inequities with greater precision.

- 2.1 Establish and expand upon data sharing agreements so that Cooperative Extension may access the demographic and health outcome information needed to accurately apply resources and develop programs.
- 2.2 Utilize existing frameworks from the field of implementation science (such as RE-AIM and Adaptome) to ensure a balance between program fidelity and contextual adaptations needed to ensure real-world effectiveness.
- 2.3 Include a discussion of the social determinants of health in Cooperative Extension publications and programs historically focused on individual behavior change.

Recommendation 3: Invest in the success and visibility of Extension's health-related professionals, programs, and initiatives.

- 3.1 Increase the number of Extension positions explicitly focused on health and well-being in as many states as possible.

- 3.2 Develop strategies for increasing funding for Cooperative Extension's health-related work at the local, state, tribal, and federal level.
- 3.3 Provide professional development on core concepts of health Extension including appropriate and responsible use of data, strategies for engaging resident voice, equity and justice, intersecting identities, the power of bias, social determinants of health and Extension's role in addressing them, coalition building, and translational science tools and proficiencies.
- 3.4 Encourage and reward the work of Extension professionals who engage in focused activities to address health inequities experienced by specific communities and groups.
- 3.4 Provide support for the National Health Outreach Conference.

Recommendation 4: Establish partnerships with academic units, government agencies, corporations, nonprofit organizations, and foundations that share a commitment to reducing or eliminating health inequities.

- 4.1 Establish and strengthen partnerships with academic medical centers and various health science colleges such as public health, nursing, pharmacy, veterinary medicine, dentistry, and social work.
- 4.2 Establish and strengthen relationships between LGUs to share expertise, leverage limited resources, and build multistate strategies to advance health equity, precision health practices, consideration of the social determinants of health, and work through community coalitions.
- 4.3 Establish and strengthen relationships with external partners to foster interdisciplinary and collaborative health-related research, teaching and community engagement.

Recommendation 5: Utilize a community development approach to advance the work of coalitions focused on influencing the social determinants of health.

- 5.1 Capitalize on the experience of Extension professionals and land grant institutions that have historically accomplished work through community coalitions.
- 5.2 Build an Extension workforce that is comfortable stepping away from an expert-model of program delivery to one where Extension professionals are also comfortable engaging with the community as equal partners.
- 5.3 Build the capacity of local residents to lead community-based work through the establishment of health-focused volunteer credentialing programs.
- 5.4 Support the creation and development of community coalitions explicitly focused on addressing the social determinants of health.
- 5.5 Compensate community members for partnering with Extension as peer champions and community guides.

- 5.6 Create an expectation that Extension educators demonstrate awareness of who constitutes a community before designing an intervention. Educators must be informed by the community's history of interacting with state, tribal, and local governments both before and throughout the process of launching health initiatives.

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