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Engagement of Health Volunteers: A Promising Approach for Meeting Community Needs

Abstract

Extension has entered an era of unprecedented opportunity to affect family and community health. Taking action will challenge Extension to shift the way programs are delivered, engage a volunteer corps as partners, and value empowering others to address community challenges with their own solutions. This article describes a promising approach for expanding Extension's reach by engaging health-focused volunteers through the Extension Wellness Ambassador Program, where volunteers direct their efforts toward community projects they feel inspired by and compelled to address. Additionally, the article includes recommendations for building a health-focused volunteer corps within Extension.

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Introduction

Extension has entered an era of unprecedented opportunity to affect family and community health. A renewed focus on community-based approaches in Extension family and consumer sciences (FCS), national emphasis on the need for health outreach beyond the medical model, and the Extension Committee on Organization and Policy–endorsed *Cooperative Extension National Framework for Health and Wellness* show recognition that a new programmatic focus on health is needed (Extension Committee on Organization and Policy [ECOP], 2014). In addition, initiatives such as the Robert Wood Johnson Foundation's movement to build a culture of health indicate that cultural change is necessary to turn the tide of obesity, chronic disease, and poor health outcomes that threaten our nation's future (LaVizzo-Mourey, 2014).

Taking action with a new programmatic focus on health challenges us to consider a shift in the way Extension programs are delivered, and even how a "program" is conceptualized. The cultural shift required cannot be cultivated by the county Extension educator alone. Long-running programs, such as the Expanded Food and Nutrition Education Program and Supplemental Nutrition Assistance Program Education, have expanded beyond direct education to include policy, systems, and environmental change efforts (U.S. Department of

Agriculture, 2015). Real change will require real community engagement, not the mere program participation that direct education methods typically yield. Direct education has long been the delivery method of choice for those providing FCS subject-matter content, whereas professionals in other Extension program areas, such as community development and 4-H youth development, have more readily embraced other forms of nonformal education to meet people where they are (Arnold, Dolenc, & Wells, 2012; Beaulieu & Cordes, 2014).

Engagement of community members and volunteers, a historical strength of Extension, must be employed in health outreach efforts if we are to have impact similar in scale to what Extension has done for U.S. agriculture in the last hundred years (ECOP, 2014). Creating a culture of health means involving people and organizations across sectors so that the high value of health is recognized.

A group of FCS professionals to which I belong has developed a promising approach for expanding Extension's reach: engaging health-focused volunteers through the Extension Wellness Ambassador Program (EWAP). Engagement of volunteers such as those involved in EWAP can increase the sustainability of community-based programs, an essential outcome if programs are to make long-term differences in health behaviors (O'Loughlin, Renaud, Richard, Gomez, & Paradis, 1998; Scheirer & Dearing, 2011; Stirman et al., 2012). Our approach is described in this commentary.

Program Approach

The purpose of EWAP is to engage community members in applying their knowledge and skills to help others live more healthful lives. This health-focused master volunteer program is similar to a handful of master volunteer programs offered across the nation (master food volunteers, master wellness volunteers, etc.). Modeled after other successful master volunteer programs, EWAP provides volunteers with 40 hr of training in nutrition, physical activity, health behavior change strategies, mental and emotional health, community needs assessment, planning, and evaluation. EWAP is informed by social-ecological theory; the social cognitive theory constructs of self-efficacy and modeling; empowerment theory, which emphasizes the ability of people to create and engage in solutions to improve quality of life at multiple levels; and community-based participatory research principles.

Together with county educators and more experienced EWAP volunteers, trainees identify and plan health-focused projects to implement, with the expectation being that they will contribute 40 service hours in return for training. Typically, county EWAP groups engage in at least one joint project, plus multiple smaller projects that may involve one or more ambassadors. The program, which began in 2013, has retained 82% of its graduates, with 65% reporting volunteer hours exceeding requirements. Graduates increase Extension's capacity to reach communities with health-focused programs and expand program access, particularly in rural areas.

What We Know

Despite the clear value of volunteer involvement and support, volunteers are not valued or engaged at the same levels across program areas. In some cases, they may be relegated to low-skill tasks that do not align with their interests or tap their unique areas of expertise. Extension educators may view volunteers as back-up support able to fill in as needed rather than aim to develop a corps of volunteers for the explicit purpose of leading community change and education efforts (Snider, 1985; Washburn, Cornell, Traywick, Felix, & Phillips, 2016).

EWAP engages volunteers as partners and empowers them to direct their efforts toward projects they feel inspired by and compelled to address. This group is more than a cadre of volunteers trained to support direct efforts of Extension educators. The paradigm shift facing Extension, and FCS in particular, is one of engaging volunteers to do what we cannot and should not do alone—spur community change—and allowing our role to be one of facilitator and equal partner (Dillivan, 2013).

Focus group sessions with county educators and EWAP trainees and graduates revealed major program impacts at the individual and community levels: improved personal health and decreased health care costs, increased community leadership, improved equitable access to health resources, and contributions to community and economic development. Further, organizational benefits include sustaining and growing Extension and providing intentional education for change at multiple levels of the social-ecological model. County educators reported that they were able to reach new audiences by engaging volunteers and that volunteers served as a pipeline for program support and worked to cross-market programs. Use of volunteer approaches, such as EWAP, can increase Extension's visibility and community members' leadership skills.

Recommendations

A paradigm shift is needed if we are to recruit and engage a volunteer corps as true partners in improving family and community health. On the basis of experiences with EWAP, the following recommendations for building a health-focused volunteer corps within Extension are offered.

1. Volunteer engagement is a strategy, not a "program." EWAP should be viewed as foundational training that can be built on as volunteers are integrated into the fabric of Extension outreach and develop ownership for their own community projects and educational efforts. Volunteer engagement should be embedded in the structure of new programs as they are developed (Bracht, Kingsbury, & Rissel, 1999; Brudney, 2010). Volunteer roles should be meaningful and flexible enough to match with varying interests and skills (Culp, 2009).
2. Effective engagement of volunteers requires an organizational change in preferences for program delivery. Traditional direct education models, with Extension educator as expert, limit engagement. Alternatively, use of a model in which the Extension educator is a convener and facilitator of education supporting volunteer engagement and leadership is the preferred method for expanding reach, increasing access to Extension programs, and creating community change (Dillivan, 2013; Raison, 2010). This perspective invites a community-based approach to programming, where participants are actively engaged as partners in the educational process as opposed to passively receiving subject-matter content (Strong, Rowntree, Thurlow, & Raven, 2015).
3. Extension educators must redefine ideas of the "perfect volunteer." Traditional volunteer recruitment methods are unlikely to attract the diversity needed to drive community change. We must not allow assumptions about where volunteers will be found and what their characteristics will be—income and education levels, gender, appearance, employment status, interests, and capabilities—to limit engagement efforts. Furthermore, we must view this new volunteer corps as partners, equipped with the knowledge and passion to influence community change, regardless of the communities from which they emerge (Slater, Knowles, & Lyon, 2008).
4. Local leadership by Extension personnel is critical. Extension provides the local organizational structure

within which volunteers function. Extension educators provide guidance, support, and resources for project implementation and evaluation. They also serve as local points of contact and coordination with regional or state program leaders. Because the volunteer management and leadership roles are so important to program sustainability, ongoing training on effectively working with volunteers is needed and should be planned (Boyd, 2004; Cooper & Graham, 2001; Seevers, Baca, & VanLeeuwen, 2005).

5. Be patient—generating momentum for such endeavors can take several years. Progression of EWAP from pilot development to refinement to implementation in target counties took about 3 years. Program diffusion followed the typical bell curve, with counties falling into innovator/early adopter, early/late majority, and laggard categories (Rogers, 2003). Diffusion and dissemination by county aligned with readiness to adopt as county educators opted into the program during the pilot period.

Conclusion

Volunteer engagement is critical if Extension is to truly commit to health as a new programmatic focus. Volunteers have been relied on throughout Extension's history to reach people where they are. The context—that of engagement for community change beyond direct education methods—may be new, but the approach itself is familiar. To be effective, Extension educators must embrace the facilitator role and recognize the value of empowering others to address community challenges with their own solutions. Extension's role as an information source is important, but this role alone is less powerful than our value as the partner that helps community members build capacity and discover answers of their own. This value is transformative for our system and the communities we serve.

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