

Western Region Health & Wellness Programming Efforts:  
Qualitative Results from a Three-Part Listening Session

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## Purpose and Objectives

The purpose of this project was to understand the programming efforts and experiences of Extension professionals in the Western Region of the United States. The Health and Wellness Working Group team held a series of listening sessions with a closed cohort of Extension professionals, hoping to learn from each other while also building the foundation for future collaborations and conversations about health and wellness programming in the western region.

The objectives were to understand: (1) the state of health and wellness work in the western region, including the gaps and challenges, (2) the programs that currently exist and ways that collaborations happen across Extension, (3) strategies for moving health and wellness programming forward across the western region.

## Method & Analysis

In late April of 2022, a series of three listening sessions were conducted with Extension professionals from eight states in the western region of the United States ( $n = 8$ ). The data collection for this project was determined not to be human subjects research by the Institutional Review Board at Utah State University.

To recruit participants, we first compiled a list of Extension contacts our project team had across the 13 states in the western region. For states the project team did have an existing contact in, an email was sent to an Extension professional in a leadership position asking them to help us identify a person that met the following criteria:

1. A person who is an Extension professional (specialist, faculty, or staff) who is currently doing or has previously done health and wellness work in their state for Extension.
2. Ideally this person would be someone who is thought of as a leader of this work in their state.

One person per state was asked to attend each of the three sessions, and in the event that the identified person was not able to attend, they were asked to invite an Extension colleague to attend in their place. Once participants confirmed their attendance, an Outlook invite was sent with Zoom information for each of the three listening sessions. Table 1 shows the number of participants who attended each of the listening sessions.

Table 1. Attendance at each of the three listening sessions

|                     | Listening Session 1 | Listening Session 2 | Listening Session 3 |
|---------------------|---------------------|---------------------|---------------------|
| Number of attendees | 8                   | 8                   | 6                   |

Consent information was provided to participants, and the listening sessions were recorded and then later transcribed. Table 2 provides an overview of the main questions that were asked in each listening session.

Table 2. Main questions asked by listening session

|   | Main Questions   |
|---|--|
| <b>Listening Session 1:</b><br>Orient to region efforts       | <ol style="list-style-type: none"> <li>1. What is Extension’s role in health in your state?</li> <li>2. Who is involved in determining Extension’s role?</li> <li>3. What frameworks or models drive the health Extension work happening in your state?</li> <li>4. What areas of “health Extension” would you like to further develop? Why have they not been done yet?</li> <li>5. What new partnerships are you developing or want to see developed?</li> </ol> |
| <b>Listening Session 2:</b><br>Identify assets & needs        | <ol style="list-style-type: none"> <li>1. What are the aims/goals of health and wellness Extension programming efforts in your state? How were they determined?</li> <li>2. What programs or efforts are going well in your state? How do they support the health and wellbeing of your communities?</li> <li>3. What are some barriers to programming?</li> </ol>   |
| <b>Listening Session 3:</b><br>Identify roles & opportunities | <ol style="list-style-type: none"> <li>1. How do we collaborate better between states and within states on health and wellness work?</li> <li>2. Who should be leading the effort related to health and wellness work? Who should help direct existing and future efforts?</li> <li>3. Are there any resources out there that we all could use?</li> <li>4. What is needed to make these changes and future efforts self-sustaining?</li> </ol>                    |

One member of the project team used inductive coding to create a codebook, and code the data using the predetermined codes which were informed by the interview questions. The codebook and coding were reviewed by a qualitative expert to ensure the reliability of coding.

## Results

The results of the listening sessions are reported in the section below and are organized by session. The proceeding sections are organized by the code gleaned from the analysis of transcripts, which follows the interview guide questions.

### Listening Session One

The first listening session provided insight about 1) Extension’s role in health in each state, 2) who is involved in determining Extension’s role in health and wellness programming, 3) guiding frameworks used by each state to inform their health and wellness programming, 4) areas needing development, and 5) new and emerging partnerships in their work.

#### Extension’s Role in Health

Participants were asked to describe Extension’s role in health in their respective state. The discussion elicited a wide range of responses. In the first area of discussion, Extension

professionals described how the health and wellness programming in their state is influenced by what funding is available. Extension professionals also explained that the specific interests of individual Extension professionals also impact what programming is offered.

During this conversation about Extension's role in health in participants' states, several participants also talked about Extension's efforts to develop holistic and evidence- and research-based programs to address community challenges that were identified in community needs assessments.

Finally, there were several specific programming areas that were mentioned as Extension's role in health and wellbeing in their state. Programming areas included:

- SNAP Ed and other nutrition-based programs
- Youth and family specific programming
- Act as a community collaborator with other existing agencies and organizations
- Provide prevention programs
- Aid in community and economic development

### **People Involved in Health and Wellness**

Next, participants were asked to talk about the people who were involved in determining Extension's role in health and wellness programming in their state. Several people highlighted that their state's Extension personnel do not take a top-down approach. Extension professionals' responses varied significantly when discussing this question. Responses included:

- University personnel (e.g., professors, researchers, leadership)
- Community Health Department
- County agents and independent contractors
- Extension specialists
- Program coordinators

### **Health and Wellness Frameworks Used**

Extension professionals were also asked to identify the framework or models that their state used to inform health and wellness programming in their state. Most of the participants said that they used Cooperative Extension's National Framework for Health Equity. For those who did not use this national framework, they described that to their knowledge their state did not use a framework to guide the work.

### **Health and Wellness Needed Development**

The next topic discussed was areas of health Extension that participants would like to see further development. Extension professionals described a variety of needs in their state. During this discussion barriers for preventing the development of these areas also emerged. Participants

identified funding, inadequate workforce and capacity, and health equity barriers, while needed growth areas included:

- Policy, Systems, and Environment work to improve physical activity and landscapes
- Streamlined and increased targeted Extension grant/funding opportunities for programming, such as physical activity
- Increased number of local and statewide specialists, faculty, and staff positions in health and wellness programming positions
- Incentives and tools for existing Extension professionals to diversify their areas of work to include health and wellness topics
- Increased community outreach and understanding of Extension's role in health and wellness
- More willingness for partnerships between private and public sections (i.e., local health departments)
- More cross collaboration within the state (e.g., Family and Consumer Sciences & Extension's 4-H).

### **New Partnerships**

The last area of discussion in listening session one, was what partnerships were participants developing or currently seeking. Seven different types of partnerships were brought up and include:

- Park Rx Utah (proscribing involvement in outdoor activities as a treatment for health conditions)
- American Heart Association (educating the public on nutrition and exercise to improve health outcomes)
- University programs (i.e., medical school, pharmacy program)
- Robert Wood Johnson Foundation
- Well Connected Communities
- Regional partnerships

## **Listening Session Two**

The second listening session provided insight about 1) programs' aims and goals and how these are determined in the state, 2) health and wellness programs and efforts that are going well, and 3) barriers to health and wellness programming in the state.

### **Aims and Goals and How They are Determined**

Extension professionals were asked to discuss the aims and goals of the Health and Wellness programs in their state. They were also asked to highlight what strategies help them to determine their program's aims and goals.

While the purpose of this question sought concrete examples of aims and goals and how they were determined, the group discussion provided broader discussion points, all of which can be

found below. For interpretation, each bullet begins with the aim or goal identified, followed by how it was determined.

- Health and Wellness Day; Realizing consistency in information and programming was needed in the community
- Curriculums/programs that are created through the revisions of existing programs; Requires an understanding of what your community needs/wants
- Health Programs; Based on individual and family health needs and interests and assessing Extension professionals' community's needs, their university's wants, their personal interests, and where they overlap
- Create resources; Done through a review of available resources, needs identified among advisory levels, and available funding
- Community health initiatives; Derived from strategic planning or community needs assessments

### **Program(s) Going Well**

Participants were then asked to talk about the programs implemented in their state. More specifically, they were encouraged to talk about the programs that they were proud of. To ensure anonymity of responses, programs are not listed by state.

- Dining with Diabetes
- Cottage Foods
- Grow Smart, Eat Smart
- Healthy Living Program
- Aging Mastery
- SNAP-Ed
- Master Food Preserver
- Preserve the Harvest and Preserve at Home
- Tai Chi
- Marathon Kids
- Vape Prevention
- Opioid Prevention
- Strong Women, Strong Bones
- Heart Association's Healthy for Life
- Online Clearinghouse of Resources
- Mater Food Safety Advisory
- Diabetes Prevention and Control
- Five for Five
- Nutrition-based 4-H programming
- ICAN
- Chronic Disease Self-Management Program
- Strong People
- Youth Aware of Mental Health
- Mental Health First Aid
- Youth Mental Health First Aid
- Question, Persuade, Refer
- Kinship Navigator Program
- Powerful Tools for Caregivers
- Garden and Grindz

Some participants provided descriptions for the programs above. These included:

- **Kinship Navigator Program:** Provides social support and resources for folks who are raising children that are not biologically their own.
- **Garden and Grindz:** Shows children and families how to grow their own gardens and turn their harvest into recipes to feed their families
- **Cottage Foods:** Program that helps individuals learn how to prepare non-time/temperature control safety food in their home and sell to the public

- **Tai Chi:** Though it is not fully a program yet, the idea is that each state will have an Extension faculty trained in Tai Chi that teaches older adults this practice in hopes of preventing falls.
- **Five for Five:** Though this program is not up and running yet, its intent is to bolster fitness in five different areas (e.g., mindfulness, balance and flexibility, muscular strength, aerobic, muscular endurance) through providing communities with cards and posters that demonstrate a one-minute exercise that can be done to strengthen one of the five areas.

## **Barriers to Health & Wellness Programming**

The last item of discussion for the second listening session regarded barriers to programming. Overall, four barriers emerged in the discussion. These included lack of funding, limited faculty capacity, lack of program enrollees, and limited resources to support programming. For these barriers, participants from multiple states agreed that these were barriers they experienced in their state.

## **Third Listening Session**

During the final listening session, participants described 1) areas for collaboration and growth in health and wellness programming, 2) leadership that should drive Extension work in this area, 3) sources of information or models of implementation to help others with their programming, and 4) the tools needed for sustainability in programming efforts.

### **Collaboration and Growth**

To start the last listening session, participants were asked to discuss areas for growth in terms of collaboration both within their state and between states. These included:

- Working groups with county faculty and specialists both within and outside of the Health and Wellness domain
- Topic teams (e.g., nutrition, family finance, food) across topic areas in Extension to increase collaboration
- Attending the National Health Outreach Conference to interact with others working in health and wellness

Participants also described where they thought growth in collaboration needed to occur in order to improve health and wellness programming efforts.

- Collaboration across states also as a way to enhance capacity
- Centralized resource page that highlights what other Health and Wellness Extension professionals are working on
- Being transparent about opportunities that provide professional growth (e.g., curriculum vitae, tenure)

## **Leadership to Drive Health & Wellness Work**

Next, Extension professionals talked about the leadership dynamics and the overall structure of their state's Extension organization including who is or should be leading health and wellness programming efforts. In some cases, participants said that no one is leading or organizing the effort in their state. For example, "We don't really have a leader. We don't have a statewide person who's in charge of health and wellness. We don't have statewide coordinators who are helping us to replicate these things in other counties. So it's really on the local faculty."

Another participant talked about the lack of communication and not knowing what programs are available. Another participant described the need for additional supports, "We need to...encourage the [Extension foundation] to modify the tools they have to be more useful. If that doesn't work we can create our own repository." Finally, some participants talked about the need for additional support for training and encouragement to get training specific to health and wellness.

## **Information and Models Available for Use**

Participants were then asked to suggest existing models or resources they could use to help them implement health and wellness programming in their state. The items that were brought up are listed below.

- Attend and learn from the National Center for Home Food Preservation Conference
- Attend and learn from Well Connected Communities, such as webinars
- Provide/attend learning opportunities through nationwide or regional Extension conferences that showcases available programs

## **Tools for Sustaining Programming**

Based on comments made during the discussion on learning models, participants geared the discussion towards talking about the challenges of program sustainability. Responses particularly alluded to funding or state-specific changes.

To end the listening sessions on a positive note, participants offered up ideas for increasing program sustainability. These suggestions are listed below.

- Meeting faculty where they are (or where they need to be) programmatically or professionally
- Sharing ideas about what programs are going well
- Facilitating conversations on capacity building through shared resources

## **Implications**

This project brought together eight state Extension professionals and provided participants with a safe space to engage in discussions about health and wellness programming in the western region. The discussion highlighted several strengths of the current efforts in the region (e.g.,



diversity of programs offered, enthusiasm, and need for this area of programming), however this discussion also highlighted the need for additional organization and support for individual and regional efforts in the western region. These are listed below, which include recommendations from our project team.

1. Increased collaboration and connections between states. This was identified by participants as they described lack of capacity and interest in partnering with others within-state on health specific programming.

**Recommendation 1:** Provide opportunities for Extension faculty to interact with one another and gain ideas from each other. As a working group we have invited all participants to join us monthly for thirty minutes of collaboration and time to connect and support one another. This began in August of 2022.

**Recommendation 2:** Increase partnerships between states on grants and programming to increase capacity in states where no specialist is available, or health and wellness programming is not an emphasis.

2. Increased support and organization within and across states for health and wellness programming as most states identified they did not have an organizer or champion in their state within Extension to guide work. Within this discussion, it was also identified that most states were not using Cooperative Extension's National Framework for Health Equity.

**Recommendation 1:** Train and widely disseminate guides to Extension professionals on how to use Cooperative Extension's National Framework on Health Equity and provide illustrative examples of how it can be used in the field.

**Recommendation 2:** Enhance administrative support and encouragement to conduct health and wellness programming by providing additional resources and/or supports within Extension.

3. Define and clarify what counts as health and wellness programming in Extension

**Recommendation 1:** Provide Extension professionals with examples of programming that fit under health and wellness. We have done this initially for the western region and built a resource list that was shared with participants.

4. Need for shared measurement for health extension programming evaluation to understand the barriers program participants experience as well as the impact of programs.

**Recommendation 1:** Create shared evaluation measures that can be used across health and wellness programming. We are starting this effort as a working group for the western region.