Scaling Community Health Coalitions: The Well Connected Communities Pilot Initiative

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Abstract

We outline the process and development of the Well Connected Communities health initiative as undertaken in three Utah communities. This transformative community-focused alternative to addressing public health issues through Extension situates local communities as the origin for health decision making. The initiative recognizes the need for varied community statuses (i.e., *planner*, *implementer*, and *innovator*) based on varying levels of readiness and diversity of populations. We concluded that the Utah Well Connected Communities initiative aligns well with the 2014 Extension Committee on Organization and Policy National Framework for Health and Wellness. Replication requirements and implications for other Extension programs are presented.

Keywords: opioids, wellness, community health, youth, 4-H

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Introduction

In 2014, the Extension Committee on Organization and Policy introduced and disseminated a national framework for health and wellness (Braun et al., 2014). Soon after, the Robert Wood Johnson Foundation partnered with Cooperative Extension and the National 4-H Council to launch a community-based health initiative known as Well Connected Communities (WCC). This initiative was designed to launch, grow, and sustain health coalitions to conduct needs assessments, develop action plans, and transform communities. Utah State University was one of the first five pilot-funded institutions.

Each institution selected three communities designated as *planner*, *implementer*, and *innovator* for implementing the WCC initiative. The labels reflect increasing levels of community readiness in terms of community health coalition infrastructure. Planner communities were required to develop a coalition and conduct a needs assessment. Implementer communities were to grow a coalition and complete a needs assessment and action plan. Innovator communities did all of the above and executed an action plan while also training volunteers.

Here we outline the implementation and outcomes of the Utah program. We identify challenges, solutions, and results that occurred in the communities related to the process of establishing, growing, and sustaining health coalitions at different levels of readiness. Lastly, we provide experience-based guidance for others wishing to further the work of operationalizing Extension as a backbone for health promotion (Parisi et al*.,* 2018).

Program Launch

Our team comprising a health and wellness specialist, a 4-H specialist, and four faculty members with health and wellness expertise reviewed competitive WCC applications from interested Utah communities. The three counties selected were distinct with regard to cultural, demographic, and geographic characteristics, and each had a unique self-selected health focus. We placed the majority of grant funding at the county level, including funding for half-time local coordinators, recognizing that community efforts should be led from within.

Community-Building Process

The starting point, challenges, and solutions for each county are outlined in Table 1.

Table 1.

Community Characteristics

County	Readiness level	Health focus	Context	Challenges	Solution(s)	Results
Emery	Planner	Opioids	• Second highest in number of opioid-related emergency department encounters (Harrison, 2017) • Fourth highest in number of people who have died from opioid poisoning (Harrison, 2017)	• Stigma pervaded community efforts. • Community awareness of the issue was limited. • Grant administration was a new process.	• Partnering with a neighboring county's coalition efforts	• Held coalition kickoff meeting by May 2018 • Placed naloxone kits in every school and county office • Held a drug take-back

						• event
			• No programs or coalitions to address opioid misuse			
Uintah and Duchesne	Implementer	Diabetes prevention and management	• Native Americans disproportionately affected by type 2 diabetes • Lacking in health programs that engage youths along with adults, which are particularly effective among Native Americans (Chambers et al., 2018). • Youth perspectives lacking in preexisting coalition	• Nonnative staff and position turnover impaired connecting with local youths. • Youths attend multiple schools in a broad geographic area. • Few native youths participate in traditional county 4-H clubs. • Very few native volunteer leaders were in place.	• Hiring of a local member of tribe to bring coalition back on track • Prioritizing professional development for new staff in general Utah 4-H methodology, 4-H Healthy Living programming, and Youth Mental Health First Aid program	• Working with municipal and tribal leaders to create a walking path for safe exercise • Expanded youth-led focus to include creating commercial tobacco policies for the Ute Tribe and mental health
Davis	Innovator (changed to Implementer)	Latino teen mental health	• Third most populous county; 10% Hispanic/Latino • Well-established community health coalitions	• Latino needs had not been defined. • A strong stigma exists around the topic of mental health	• Adjusting strategies to include youth and adult guidance on culturally responsive practices	• Shifted to Implementer level midyear, as determined with national grant evaluators

- Suicide prevention identified by county as a top priority

- Mental health services often not effective without culturally responsive approaches (Gary, 2005)

in the Latino community.

- Existing coalitions were not focused on being culturally responsive.

- Highlighting Latino advisory council work at coalition meetings

- Working to provide community education nights to increase mental health awareness

- Added equity advisory council to new 5-year community health improvement plan to improve culturally responsive practices

Implications for Extension

Replication requirements based on our experiences are outlined in Table 2. Elements covered by state infrastructure or matches, versus what was provided through grant support, are explained. Overall, communities at varying levels of readiness required different levels of support and achieved different goals.

Table 2.

Replication Requirements

Program need	State infrastructure	Grant support
Personnel	2.0 full-time-equivalent match	National evaluator
Funding	County travel budgets	$89,000
Partners	Community coalitions, 4-H youths	Technical support
	Extension field staff buy-in	Professional development trainers
		National 4-H
		Robert Wood Johnson Foundation
Online resources	Master Health Volunteer Program (MHVP)[a]	Well Connected Communities dashboard
		Community health rankings

[a]Our MHVP is online; some states may offer training in person. Selected MHVP

modules are available for download from the Well Connected Communities national leadership.

Every community was successful in securing additional external funds to continue its work, ranging from state and regional support to funding from the Substance Abuse and Mental Health Services Administration and U.S. Department of Agriculture. The successes and challenges of our implementation of this initiative have implications for others in Extension:

- National and local health prevention issues have a place in Extension programs.

- County Extension faculty have the capacity to lead the creation of or enhance existing coalitions that address local health priorities through youth–adult partnerships.

- Creating dialogue among community members and health organizations and agencies leads to more culturally responsive and sensitive prevention/intervention programming.

- Extension can provide community health coalitions with a network of community contacts, meeting and event facilities, educational resources, needs assessments, grant writing support, budgetary support, professional guidance, and mentorship.

- Those resources Extension can provide may lead to new community partnerships, including with behavioral health agencies, hospitals, law enforcement, criminal justice units, and many others.

- In our tribal community, our team struggled to move forward until we had a local cultural guide coordinating efforts, and in Davis County efforts stalled until members of the Latino community were more fully brought into the existing health coalition. Having personnel who can serve as community-relevant cultural guides is a key to success.

The Utah Well Connected Communities launch suggests that the Cooperative Extension System is ready to partner on public health initiatives on a larger scale. Scaling that work to the readiness of individual communities is a key to success. Communities new to this effort may require more resources and more substantial support to achieve their goals; conversely, the payoff to working in these communities may be more pronounced once a coalition is established.

Acknowledgments

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