Scaling Community Health Coalitions: The Well Connected Communities Pilot Initiative

Sandra H. Sulzer  
*Utah State University*

Stacey MacArthur  
*Utah State University*

Zurishaddai Garcia  
*Utah State University*

Christine E. Jensen  
*Utah State University*

Suzanne Prevedel  
*Utah State University*

*See next page for additional authors*

---

This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

**Recommended Citation**


This Ideas at Work is brought to you for free and open access by the Conferences at TigerPrints. It has been accepted for inclusion in The Journal of Extension by an authorized editor of TigerPrints. For more information, please contact [kokeefe@clemson.edu](mailto:kokeefe@clemson.edu).
Scaling Community Health Coalitions: The Well Connected Communities Pilot Initiative

Authors
Sandra H. Sulzer, Stacey MacArthur, Zurishaddai Garcia, Christine E. Jensen, Suzanne Prevedel, and Maren Wright Voss

This ideas at work is available in The Journal of Extension: https://tigerprints.clemson.edu/joe/vol58/iss2/11
Scaling Community Health Coalitions: The Well Connected Communities Pilot Initiative

**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

---

**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>
<thead>
<tr>
<th>County</th>
<th>Readiness level</th>
<th>Health focus</th>
<th>Context</th>
<th>Challenges</th>
<th>Solution(s)</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emery</td>
<td>Planner</td>
<td>Opioids</td>
<td>• 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)</td>
<td>• Stigma pervaded community efforts. • Community awareness of the issue was limited. • Grant administration was a new process.</td>
<td>• Partnering with a neighboring county’s coalition efforts</td>
<td>• Held coalition kickoff meeting by May 2018 • Placed naloxone kits in every school and county office • Held a drug take-back</td>
</tr>
</tbody>
</table>
No programs or coalitions to address opioid misuse

- 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

- 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)

- 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

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

\(^a\)Our MHVP is online; some states may offer training in person. Selected MHVP
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**

We would like to thank Utah State University Cooperative Extension for funding two full-time-effort positions for the duration of the grant, allowing the great work described herein to happen. In particular, we are grateful for the administrative support of Dr. Brian Higginbotham and Ms. Margie Memmott in spearheading the application process and supporting the team throughout the process as well as Vice President Ken White and Dr. Gretchen Peacock for hosting the national team during site visits. Lastly, we are grateful to the members of the Ute tribal community who hosted our team for a harvest session and to the Latino teen coalition for hosting us and kicking off our efforts in the Clearfield neighborhood.

**References**


*Copyright © by Extension Journal, Inc. ISSN 1077-5315. Articles appearing in the Journal become the property of the Journal. Single copies of articles may be reproduced in electronic or print form for use in educational or training activities. Inclusion of articles in other publications, electronic sources, or systematic large-scale distribution may be done only with prior electronic or written permission of the Journal Editorial Office, joe-ed@joe.org.*

If you have difficulties viewing or printing this page, please contact *JOE Technical Support*. 

©2020 Extension Journal Inc.