

A cord of three strands: Extension, health, and agriculture

David Buys, PhD, MSPH, CPH, FGSA

*State Health Specialist – MSU Extension
Associate Professor – Dept. of Food Science, Nutrition, and Health Promotion*

 [linkedin.com/in/buys/](https://www.linkedin.com/in/buys/)
david.buys@msstate.edu

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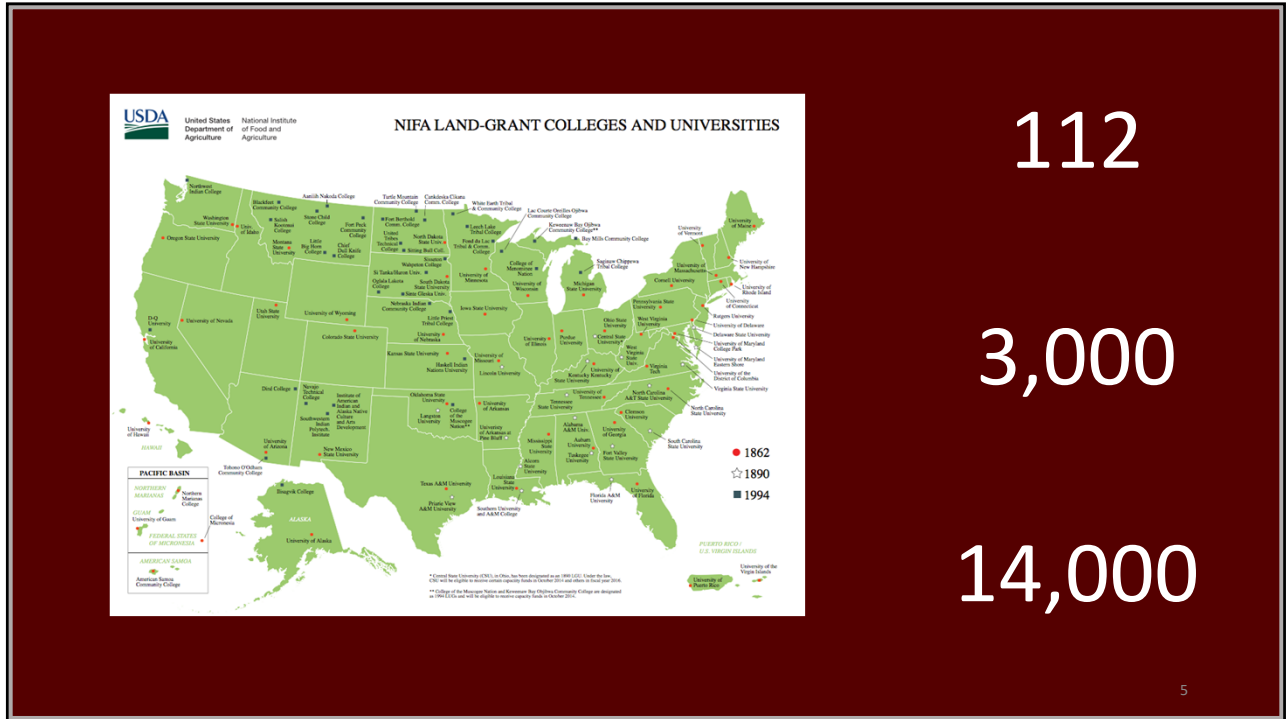
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Extension, Health and Agriculture: Four Take-aways

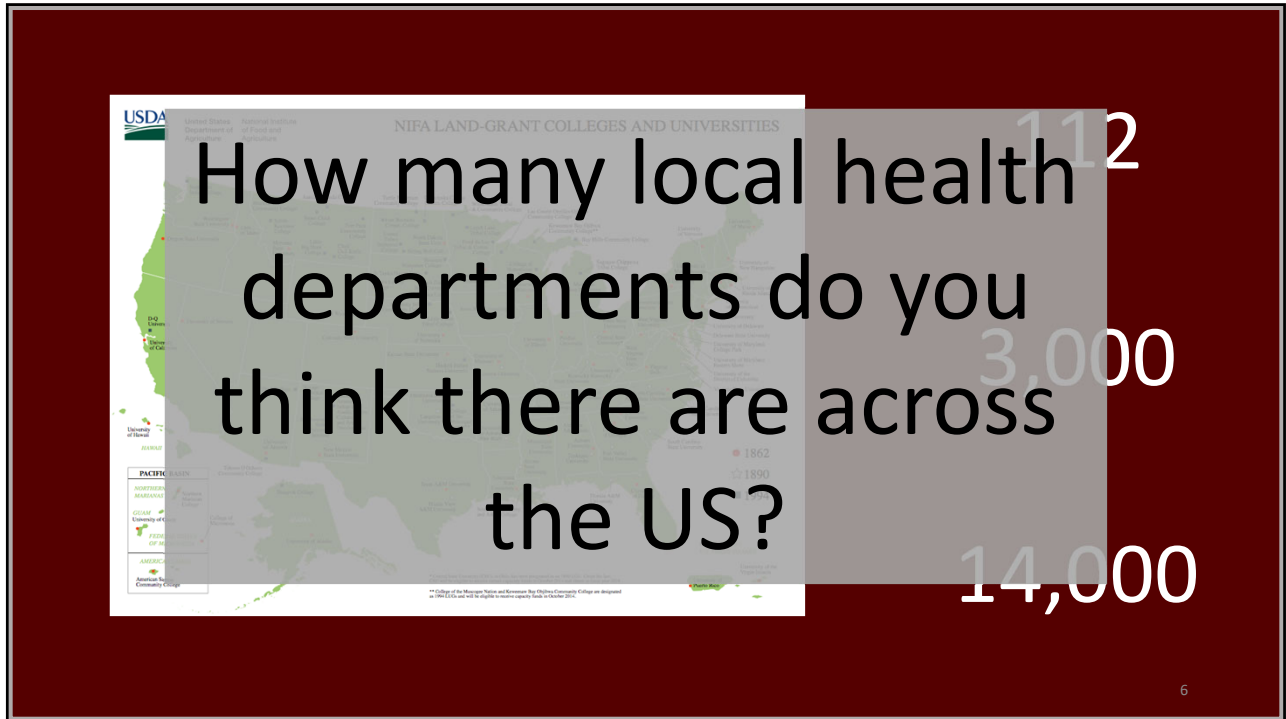
1. Extension has a key role in the health and wellness of agricultural producers!
2. We need (and have) a strategy / framework to guide health work in Extension.
3. We have to live in the tension between going wide AND deep.
4. We should think “more helix, less matrix” – or braid the cords!

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2,800

How many local health departments do you think there are across the USA?

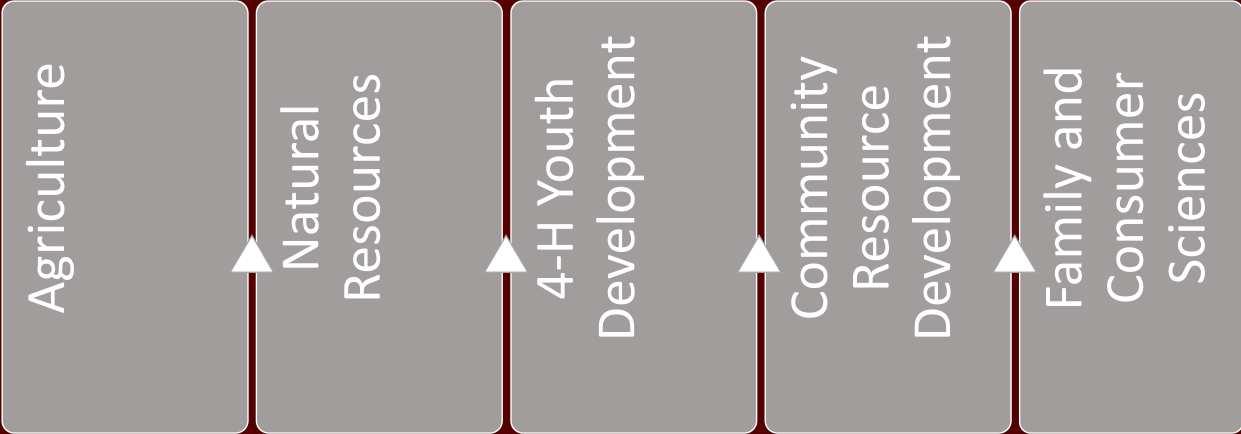
There are more Extension offices than local health departments!

14,000

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Some of Extension's Traditional Areas of Responsibility



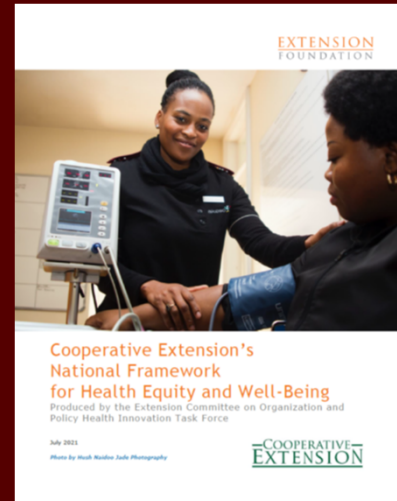
- Agriculture
- Natural Resources
- 4-H Youth Development
- Community Resource Development
- Family and Consumer Sciences

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A Strategy for Extension's Role in Health

- ECOP-established Health Innovation Task Force in 2020 sought to *update* Extension's 2014 National Framework for Health and Wellness
- Draft was vetted with more than 500 internal and external stakeholders
- ECOP approved updated version in July 2021 as a roadmap for advancing Extension's work in health for the next 5 years



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Central Questions Guiding Framework Update

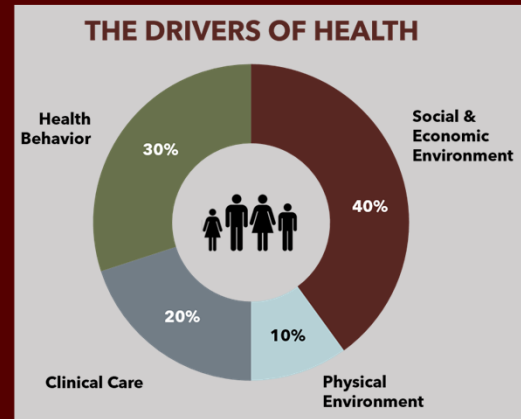
1. How can Cooperative Extension think differently about its health-related work?
2. How can Cooperative Extension work in new ways to ensure that all people have an opportunity to experience optimal health?

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“Every day, people make choices that impact their health. Enormous amounts of energy have been devoted to informing and influencing those choices... too little attention has been paid to the contextual influences on health. As a result, our public discourse around health has been framed as a personal responsibility where good health is seen as a personal success, ill health a personal failing.”

Burton et al. (2021)



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An individual can only choose among options available to them.

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Social Determinants of Health

- ~ factors or conditions beyond the individual that influence their overall health and well-being ~RWJF

Health Equity

- ~ when everyone has the opportunity to attain their full health potential, and no one is disadvantaged in achieving this potential because of social or any other socially defined circumstances ~CDC

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

Recommendation 5 - Apply a community development model to advance the work of coalitions focused on influencing the social determinants of health.

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The Tension:

Going Wide

Addressing health via CRD and other program areas calls us to work across communities– going wider.

vs.

Going Deep

We have the abiding trust of agricultural producers and other stakeholders with whom we can provide more targeted health-related programming– going deeper.

www.onthefarm.life

<https://www.cdc.gov/places/>

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CDC's Places: Local Data for Public Health allows local Extension faculty and staff to access data down to the **census tract** level, using precision approaches to efforts to go wide.

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Farm Stress

ON THE FARM

www.onthefarm.life

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Farm Stress

www.onthefarm.life

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The Matrix Dilemma

Extension
 vs. Experiment Station
 vs. academics
 vs. "the non-LGU side of campus"
 PLUS
 vs. health departments
 vs. other state agencies
 vs. community-based organizations
 vs. health care organizations

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The Agriculture and Health Stakeholder Matrix

Academic and Experiment Station Efforts at Land-grant Universities	State Departments of Agriculture	Academic Medical Centers
Federal Funding Agencies	Cooperative Extension	State Departments of Public Health
Farm Bureau and Commodity Groups	Local Clinical and Hospitals	Academic Public Health

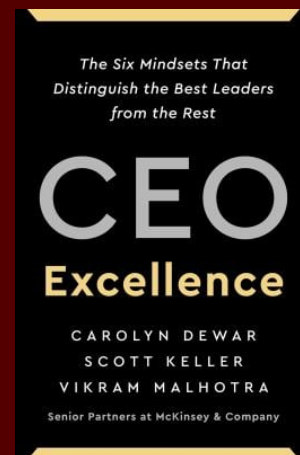
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More Helix (or a cord of three strands), Less Matrix

“The best CEOs ... didn’t actually think in terms of a matrix at all ... a more apt representation [of successful organizations] is a *helix*.”

~Dewar, Keller, and Malhotra



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More Helix: For Funding

Braiding and Layering Funding: Doing More With What We Have

Karl Ensign, MPP; Julie Cox Kain, MPA

Journal of Public Health Management and Practice:
March/April 2020 - Volume 26 - Issue 2 - p 187-191

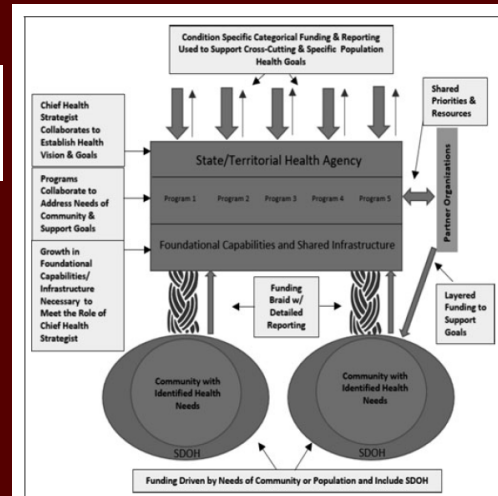


FIGURE 3 Public Health 3.0 Funding Model

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More Helix: For Faculty & Student Engagement

Leverage Extension – both campus and county-based personnel— for:

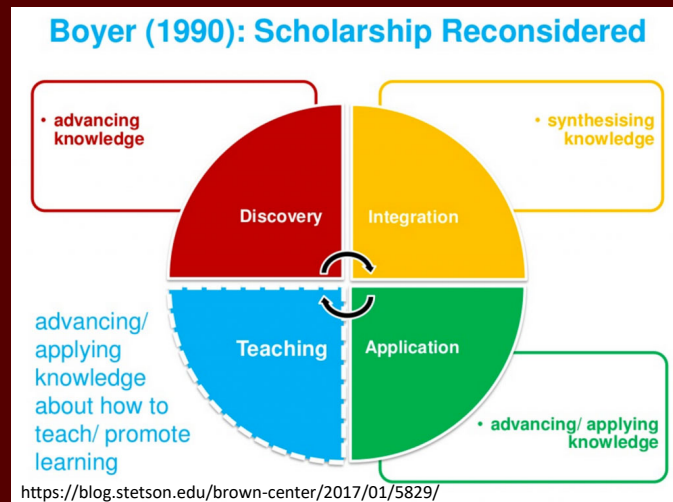
- Scholarly work with non-Extension faculty
- Student engagement/learning opportunities



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More Helix: For Scholarship



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- Some things we are in Extension:
 - A network of community-engagement practitioners embedded in the communities many of us seek to influence
 - Non-formal/ non-credit educators, akin to teachers whose expertise often lies more in teaching methods than any one content area
 - Excellent partners in community-engaged research activities and reliable key informants on hot-button issues impacting our populations of interest
- A few things we are *not*:
 - Free labor for other professionals or grant-funded projects
 - Pro bono research assistants
 - Sources for mailing lists, phone numbers, or direct access to our clients

Our agents, in particular, wear (at least) two hats- a person in, from, and of the community they serve; and 2) an agent/ educator from and of the university.

Reality Check: Sometimes they have a hard time living in both roles at the same time.

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Extension, Health and Agriculture: Four Take-aways

1. There are now more Extension offices than local health department offices across the US, underscoring our need to be more engaged in health
2. Embrace the Framework as Extension's strategy to address health and particularly among agricultural producer populations; then identify state-appropriate tactics
3. Live in the tension between going wide and going deep and be strategic about doing both
4. Consider how your state can embrace "more helix and less matrix"- or braiding the cord - for greater impact- including via partnerships with Extension

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