Building Cornell Cooperative Extension Capacity to Advance Health Equity

Recommendations from Extension Staff, Health Department Leadership & Staff, Community Members & Cornell Students

Report Summary

This report is a summary of focus groups, interviews, survey findings and recommendations concerning how both CCE Administration and Association staff can increase our system's capacity to address health equity issues. The content from CCE staff in this report is based on focus groups and interviews with staff from CCE Lewis, CCE Chautauqua, CCE Orange, and CCE Tompkins. Other input and suggestions are from health department representatives, community members, Cornell students and Cornell faculty.

Recommendations have come from interviewees themselves or arisen through discussions with CCE staff involved in this project. The authors of this report hope that it will drive conversations among Association and CCE Administration staff about how the system can support those who are looking to pursue work in the area of health equity.

We are grateful for the support of all the staff who have contributed to this report and to CCE Administration for funding this project through an Extension Innovation grant.

Social Isolation

This is a large public health concern. CCE programs by nature offer various kinds of social contact for participants (individual, group, home visit, and so on). CCE Associations have the potential to align themselves with health goals in this area.

Recommendations
- Examine how our programs can be informed to even better assist with mitigating social isolation. Consider if within our programs building a peer community can and ought to be a goal. CCE program will need to consider that some community members are embarrassed to seek support of any kind, or have political objections. Enrollment in a CCE program might be a first step towards being more open to social support.
- Develop communication strategies to reach community members who have not been politically inclined to engage in support services.
- Organize or support community events organizers with the intention of improving social well-being. Research shows the importance of this kind of "community event" relationship building, and it can easily be part of our educational mission e.g., having fun events which are about educating on community involvement

Mental Health

The mental health of community members, and our response to it, is a very important factor in our engagement with the local community. It also affects recruitment, retention and satisfaction with our programs. There is a growing public awareness that physical and mental health are intertwined, and this is certainly the case when considering health inequities. While CCE does not provide clinical support, like any educational environment it is concerned with the mindset and well-being of its program participants because those are critical factors driving effective teaching. CCE Associations have for many years been training staff in 4-H trauma-responsive programming in order to support learners in the CCE system, and also to recognize the equity issues around historical and inherited trauma. Now, the pandemic has made us more cognizant of how mental health is a part of what we might call general well-being as well as being a pedagogical concern.

Recommendations
- Develop best practices around what mental health now means in terms of support for participants. These could be incorporated into general training around program development.
- Develop life coaching programs that incorporate insights relevant to this topic.
- Focus on relationships with communities prior to program outreach and also in our theories of change.
- Partner with the Department of Social Services to facilitate referrals to CCE. This would be beneficial especially in the rural communities where there are many farmers and farm workers struggling with mental health issues.
- Provide training for staff visiting farmers and clearer guidance on what needs to be done in these situations where conversations can be quite "dark." From staff experiences, the best results from engagement come from when CCE staff have built face to face relationships with the farmers to help them overcome personal and business obstacles.

Funding

Many great programs that address health equity issues have funding problems. This is often caused by the particularities of our grant-based philanthropic models and a love of new programs driven by funders and their donors. Programs stop due to lack of funding and then after a few years the needs are noticed again, someone reinvents the program, and the cycle continues.

Recommendations
- Determine if CCE Association staff are equipped to have discussions with local funders about the costs of not doing programs, and trying to change the cycles. Consider what it would take to empower staff to have these discussions and try to change the cycles.

Self-worth

There is a need to increase a feeling of self-worth of some community members; they don't believe in themselves and don't believe they deserve good health.

Recommendations
- Determine if and in what sense there is a need to build into programming and grant applications a relationship building and outreach strategy to respond to low self-worth among community members.

County-led projects

There are many examples of county government projects that address the social determinants of health which would have benefited from better needs assessment and community input in development. For example, some transportation projects experience zero uptake and might have benefited from better community input at the design phase.

Recommendations
- Determine how Associations can best support counties in the development of initiatives that address the social determinants of health.
- Develop strategies and trainings to foster those alignments. See also the Community and Public Health Program Work Team document on promoting Extension as a health partner.

Local Health Departments

There are sometimes misperceptions and perceived territory issues between LHDs and CCE Associations. Having different goals and missions has made cooperation challenging.

Recommendations
- Use the Community and Public Health doc attached to this document to engage with LHDs and develop partnerships.
- Encourage LHDs to serve as the lead agency for grants when they have grant writing capacity so that Associations can play a supporting role.
- There is a concern among some CCE staff that community members will sometimes join community programs in order to avoid engaging with a primary care provider. Work with hospitals and LHDs to address this and perhaps offer support around PCP registration (as some Associations have) as a relationship builder.

Health Messaging

Among staff and the wider public there is not necessarily a broad understanding of the role of the social determinants of health in affecting health outcomes (in contrast, for example, to seeing health conditions as only resulting from personal choices and genetics). There is also a culture and image of health (e.g. very slim) that is "bad messaging" and which is alienating to large groups of our population.

Recommendations
- Design health programs to be intentional about meeting people where their strengths are, and in their cultural milieu. In general, health behavior change and the social determinants of health behaviors can take time. Messaging and discussions need to explore and explain why.
- When working with food pantries, provide consistent and coordinated messaging around healthy foods to reduce resistance to new foods. Also, Prioritize relationship building with food pantry staff for them to trust changes. This can be true of food or text messaging. CCE Staff can sometimes get frustrated in the face of what they see as a lack of understanding from our partners around new foods and/or dietary guidance. Their CCE supervisors may need to anticipate this.

Trauma

The impact of historical and inherited trauma on all races, but especially those from marginalized communities, is well documented. This will affect all our interactions with community members and so we need to have supportive, healing environments that, if possible, build resiliency.

Recommendations
- Determine the best way to teach empathy around trauma.
- Acknowledge that staff are dealing with their own traumas, which affects their personal interactions with each other and program participants.
- Review and select the most appropriate trainings to understand the historical and inherited trauma of systematically marginalized and minoritized groups, intersectionality, rural white poverty, and non-race-based trauma in order to be inclusive (and therefore effective) for training participants who may otherwise feel ignored.
- Explore historical and inherited trauma of White Americans as a way of improving race relations in any given context. (For example, this is argued for by R. Menakem, an influential therapist and New York Times best-selling author who has worked extensively with police forces, White communities, and Black communities).

Wrong Pocket Problem

This problem arises where the entity that bears the cost of implementing a program does not receive the benefit. Because the costs outweigh the benefits for that implementing actor, projects in the public interest do not receive sufficient resources. Thus, project investment is suboptimal, and overall social welfare is—in equilibrium—suboptimal. Sustained inefficiency is the norm. This wrong pocket problem particularly affects prevention programs, whether they are behavior modification programs, public health programs, structural prevention programs, or broad policy changes.

Recommendations
- A number of Associations are exploring variations in programming related to value-based payments models (FVRx, student resource navigators). Broadly speaking these kinds of programs are variations on the idea that health care providers refer staff to CCE programs which in turn improves health outcomes for those community members. The financial rewards accruing to the health care provider from those successes are then (in part at least) passed on to the community partner in terms of payments.

Unseen health-related needs

CCE programs align with mission, program areas and reporting goals. While that produces valuable work, the pressures of this work etc. on staff may mean we are not so focused on related but less visible needs.

Recommendations
- Develop support systems through volunteers, local students etc. to address low literacy, including health literacy. The ability to find things out, as well as reading and writing ability, can make accessing health resources challenging. Also, even community members who can read and write can find the sheer length of forms off putting e.g., SNAP enrollment forms. Associations could develop support systems through volunteers, local students etc. to meet these needs.
- Where possible, be intentional about discovering some of the less obvious reasons why problems have not already been solved in the past, or what happened when that was tried.

Interviews and a survey suggest that among local health departments (LHDs) there is a lack of knowledge about what CCE Associations do that relates to LHD objectives and goals. In particular, there is a lack of understanding of CCE programs that address the social determinants of health. This may be highly relevant as some LHDs are moving towards an even greater focus on prevention.

Furthermore, at the county level there is sometimes a general lack of coordination and alignment of services around shared goals. This includes a lack of shared trainings so "we can be on the same page" when working with community members.

Recommendations
- Approach LHDs to share information about CCE Associations and develop partnerships. Some LHDs can see Association work around public health as encroaching on their territory so be prepared to address that.
- Explore how local agencies and LHDs could take the same trainings so everyone is, to the best extent possible, on the same page in how they are approaching families and others.
- Consider whether CCE Associations can play a role in organizing better coordination between local service providers.

Community Member Interviews

Below are a series of comments and recommendations based on interviews with community members about their experiences with the health care system. The recommendations come from the interviewees themselves and from discussions with a number of the CCE staff involved in interviewing. The interviewees comprised 14 respondents on the lower end of the household income spectrum. The majority were single parents with children under 5, about one-third identified as BIPOC, and they were mostly under 40. We invite CCE staff to review with a mind to program adaptation or development.

Comments
- Interviewees reported that the volume of paperwork is a large barrier to accessing resources and peer support would be helpful ("easier to help others than oneself"). Some expressed feelings of overwhelm staring at the application packet.
- Interviewees didn't talk so much about not knowing what's out there in terms of resources, it's the process that was challenging, e.g., enrollment.
- For some community members there is a fear of getting involved with government agencies as that could lead to negative outcomes with DSS, most often Child Protective Services.
- Childcare is seen as a barrier to getting health care. This is true for parents as well as those involved in kinship care. More recognition for grandparents with disabilities who are taking care of kids is needed. Programs like the Relatives as Parents Program are valued.
- There is sometimes a lack of knowledge by caregivers about the rights of those in their charge and how to advocate for them. Having a healthcare or school IEP advocate to prepare and educate people on what to expect, and how to self-advocate when needed, could be one approach. This might be especially important for new adults who are expected to handle these matters by themselves.

Comments (continued)

- Burnout of frontline human service workers in health care was commented on and impacted treatment of clients, according to the interviewees.
- Undocumented families might be less likely to be able to benefit from services, and could be a target for outreach. Of course there are often concerns from such families about involvement with support services and so that would need to be kept in mind if any actions were taken in this direction.

Recommendations

- Offer frontline staff training in strengths-based approaches, i.e., meeting clients where they are at and working with their strengths.
- CCE offices could act as neutral places for programs such as eating disorder workshops when mental health sites are considered "taboo."
- Look at which demographics have aged out of (still necessary) support when CCE staff discuss who needs what kinds of support and services. For example, no longer being a new mom can mean losing support that isn't replaced.
- Consider new opportunities for collaborative and braided funding. The pandemic has brought flexibility around institutional roles, e.g., libraries offering private spaces to do telehealth.
- Improve document sharing possibilities with DSS so nonprofessionals can support community members who may be struggling with so many forms.
- Provide or support organizations in providing knowledge and skills for caregivers about the rights of those in their charge, and how to advocate for them as well as for themselves.
- Provide support groups for frontline staff facing burnout from across multiple organizations that would also act as a networking group.

Cornell Student Focus Groups

While the CCE system has excellent intern programs such as the CCE Summer Internship Program, there have always been multiple challenges to leveraging Cornell faculty and students for the benefit of CCE Associations and their communities. Many of those challenges remain (see "recommendations" below) but the widespread use of virtual work as well as the increase in interest in health and health equity may turn out to be game changing developments for our system.

There is a very strong interest in public health and health equity issues across the Cornell undergraduate and graduate community. Depending on their situation, students can work as Federal Work-Study students, be paid by Associations, volunteer as part of their credit-bearing courses, or work simply as a volunteer to build their resume and experience of the field. Below are a number of key points that came up in focus groups, interviews, and conversations around working with community partners such as CCE Associations. While these were focused on Cornell students much of this is applicable to (for example) any SUNY institution that Associations might wish to work with.

Comments
- Students struggle financially to go to counties and do unpaid internships during the vacations. Some have found it worked well to support community organizations virtually while living at home and splitting their time between working with that community partner and working nearby to earn money.
- Some of the student financial challenges can be solved by working with students during semesters when they are taking courses for credit. This way teachers and departments are invested in their success.

Comments (continued)

- Students have a lot to offer in terms of energy, technical skills, presentation skills, HR, coding and data analytics.
- CCE staff often lack experience working effectively with students and managing them remotely (or locally, if working with a SUNY school etc.). Conversely, the same could be said of students, faculty, and Cornell staff.

Recommendations

- Provide training for CCE Associations on how to work with students and faculty, and vice versa. The case can be made that there would be a tremendous increase in capacity in the CCE system if Associations were able to work effectively with students and faculty (outside of the valuable CCE-CHE summer opportunities). To do this would require guidance for Associations, faculty and students on how to do this. The ROI on a small amount of funding to hire someone to develop this system capacity could be very high.
- Some students with an interest in health are looking to explore how this subject, broadly defined, intersects with other areas like law or marketing, and so on. This might be kept in mind when designing an intern position in order to make it more attractive.
- If Associations are looking to increase certain kinds of diversity among staff, interns from Cornell could be a pathway to that.
- Promote the value of working locally, e.g., counties in NYS rather than international experiences. For many students it seemed harder to arrange internships in NYS than arranging those based abroad through established departmental programs. Departmental priorities can affect the promotion of CCE internships. Discussing the benefits to faculty and students of working "locally" might influence those priorities and contribute to stronger Cornell & Association collaborations.

This report was prepared by:

Chris Kai-Jones, CCE Tompkins
Adam Hughes, CCE Administration
Lara Parrilla, Cayuga Health & Cornell