

# Leading Change in Higher Education

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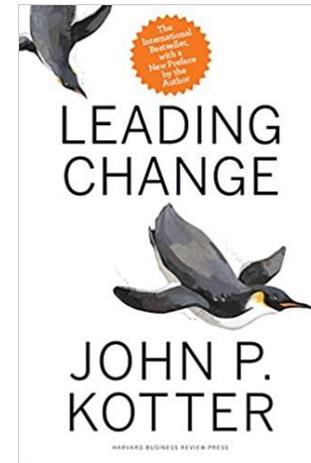
# Leadership Journey

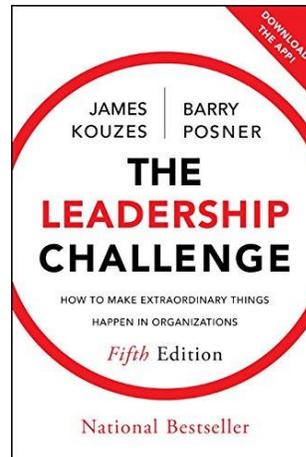
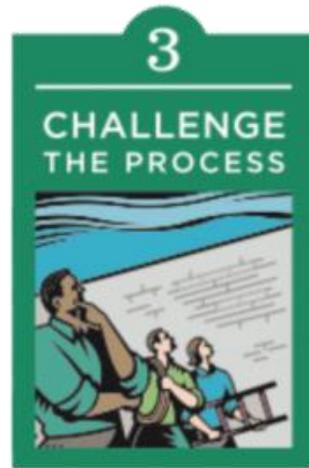
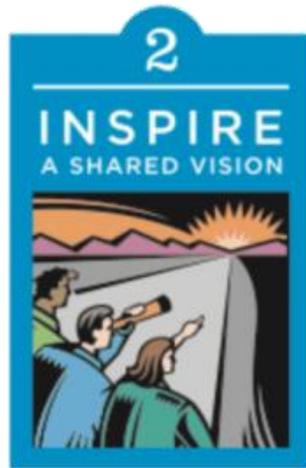
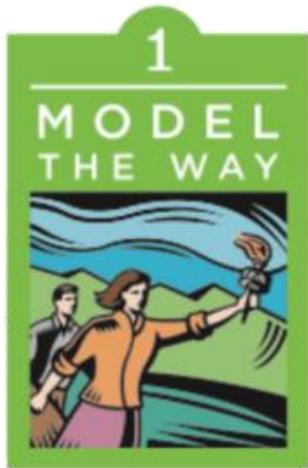
- ▶ Roles with progressively greater responsibility
- ▶ Performed at various land grant universities
- ▶ Perhaps even within colleges with different constellations of disciplines
- ▶ Organizational cultures for how change happens
- ▶ Different histories with how change has been handled
- ▶ Different catalysts for change

# Examples of Change

- ▶ Developing a new reporting system for Cooperative Extension (paper to online)
- ▶ Creating a new academic department that includes agricultural education, leadership, rural sociology, leadership communications, and Extension education
- ▶ Creating a new academic major or option
- ▶ Moving an academic department from one college to another (backdrop of drama)
- ▶ Bringing two Extension program areas under common leadership (couldn't even agree on menus)
- ▶ Becoming an ASPPH accredited school of public health
- ▶ Creating a new administrative structure for Cooperative Extension

**What changes have  
you led or been a  
part of leading?**





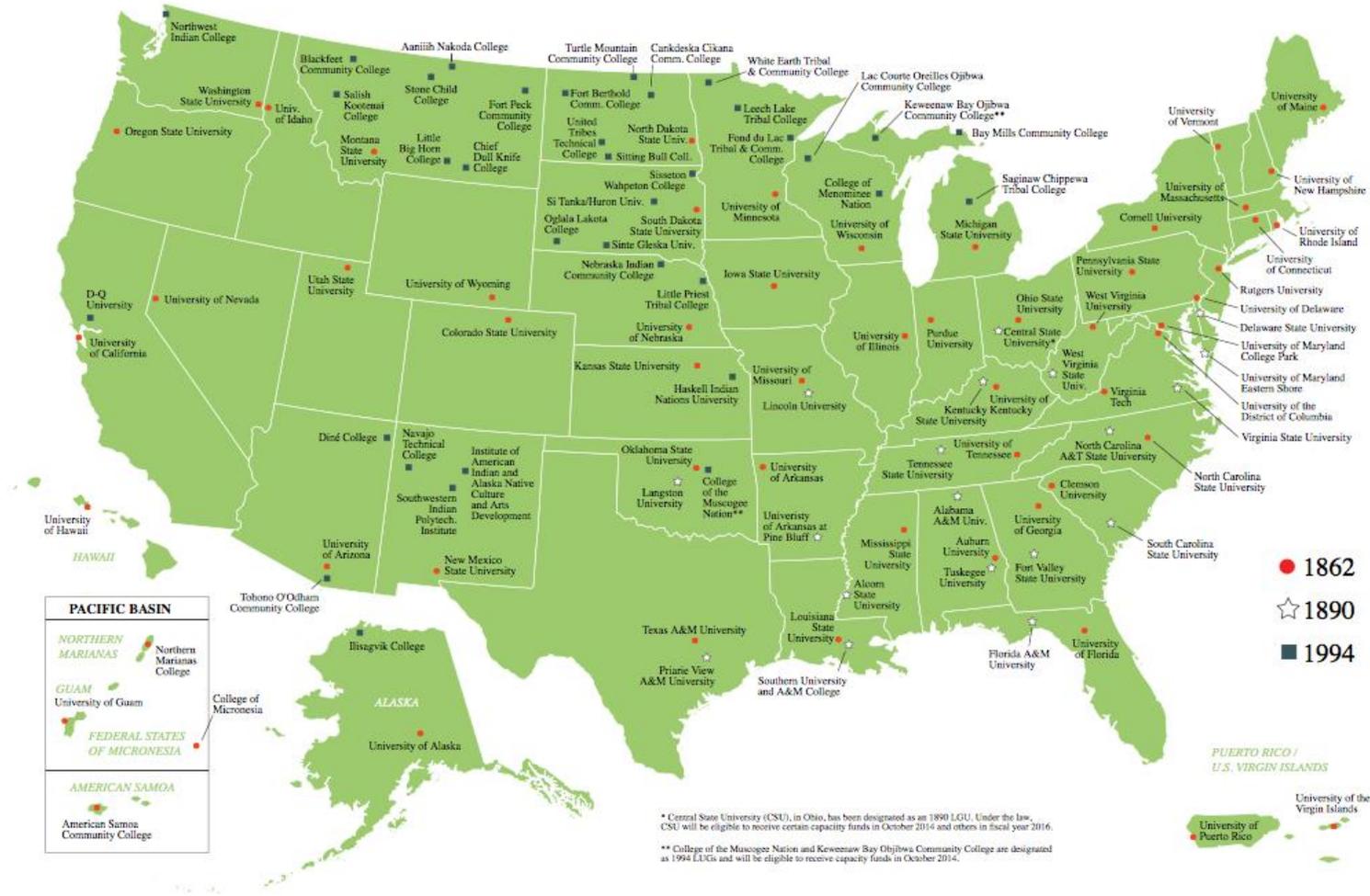
The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the left and right sides of the page, framing the central text. The overall aesthetic is clean and modern.

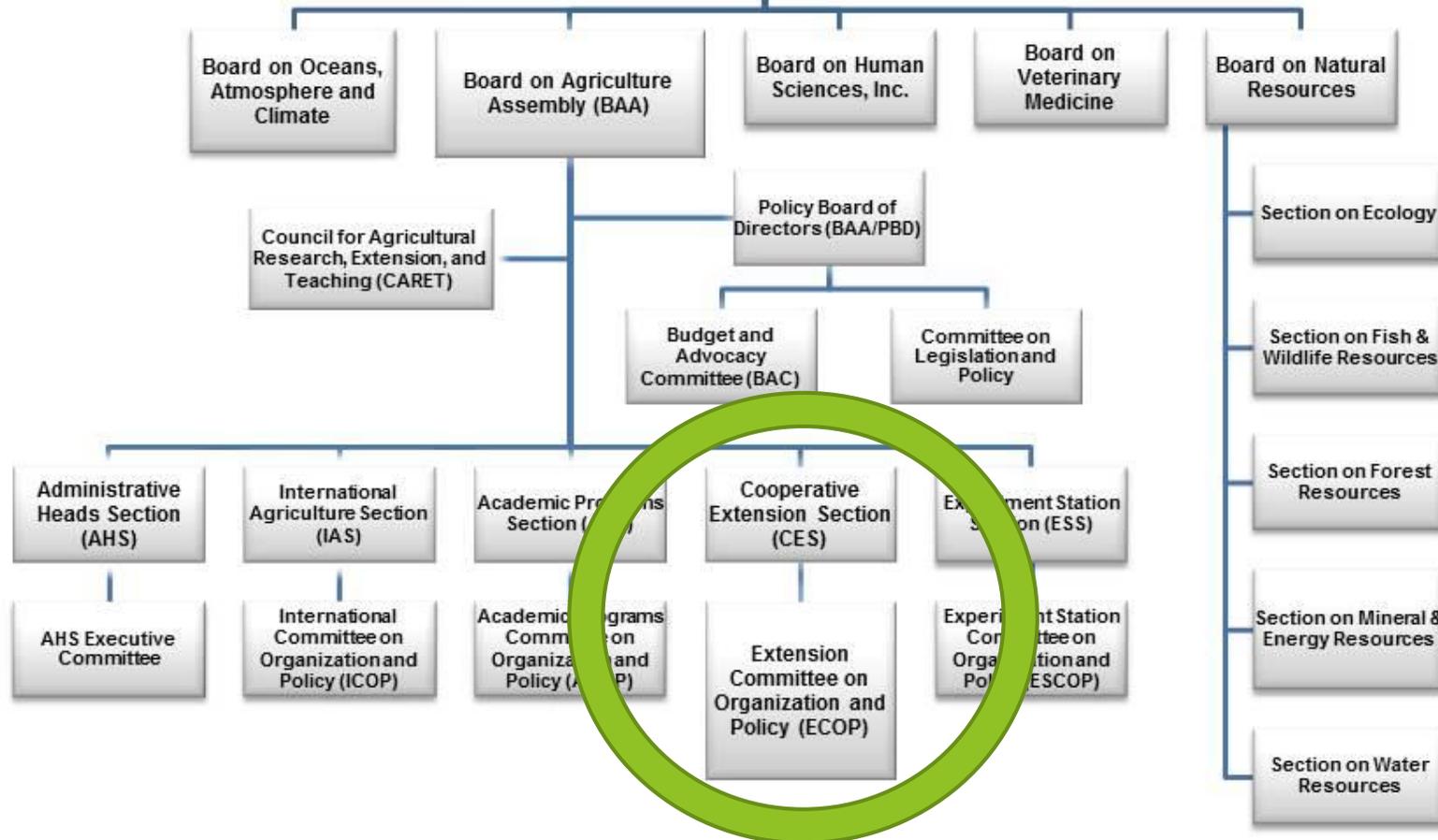
**Cooperative Extension's  
National Framework for  
Health Equity and Well-Being**



United States Department of Agriculture National Institute of Food and Agriculture

# NIFA LAND-GRANT COLLEGES AND UNIVERSITIES





# Development of a Roadmap for the Cooperative Extension System

- ▶ The Extension Services of LGUs are members of a representative body called the Extension Committee on Organization and Policy (ECOP).
- ▶ ECOP established a Health Innovation Task Force in 2020 to update Cooperative Extension's National Framework for Health and Wellness originally developed in 2014.
- ▶ Draft framework was vetted with more than 500 stakeholders.
- ▶ ECOP approved the updated version of the framework in July 2021 to serve as a roadmap for advancing the Cooperative Extension System's work in the area of health for the next 5-7 years.

# The Health Landscape

- More than 840,000 people have died from drug overdoses in the U.S. since 1999
- During the summer of 2020, 41% of adults in the U.S. reported having an adverse mental or behavioral health condition.
- Nearly 400 million people worldwide have been infected by the COVID-19 virus.
- Climate change will be one the most significant threats to human health in the 21st century and its negative impacts will “disproportionately affect the very young, the very old, people who are ill, those impoverished or homeless, and populations that depend on the natural environment for survival.” (CDC)
- According to Feeding America, as many as 54 million people across the country may be food insecure (2020).
- 30 million people still lack health insurance.

# Cooperative Extension's National Framework for Health Equity and Well-Being

Produced by the Extension Committee on Organization and Policy  
Health Innovation Task Force

July 2021



*The Extension Committee on Organization and Policy (ECOP) is the representative leadership and governing body of Cooperative Extension, the nationwide transformational education system operating through land-grant universities in partnership with federal, state, and local governments and is located at Association of Public and Land-grant Universities, 1220 L Street NW, Suite 1000, Washington, DC 20005, 202.478.6029 – [www.extension.org/ecop](http://www.extension.org/ecop).*

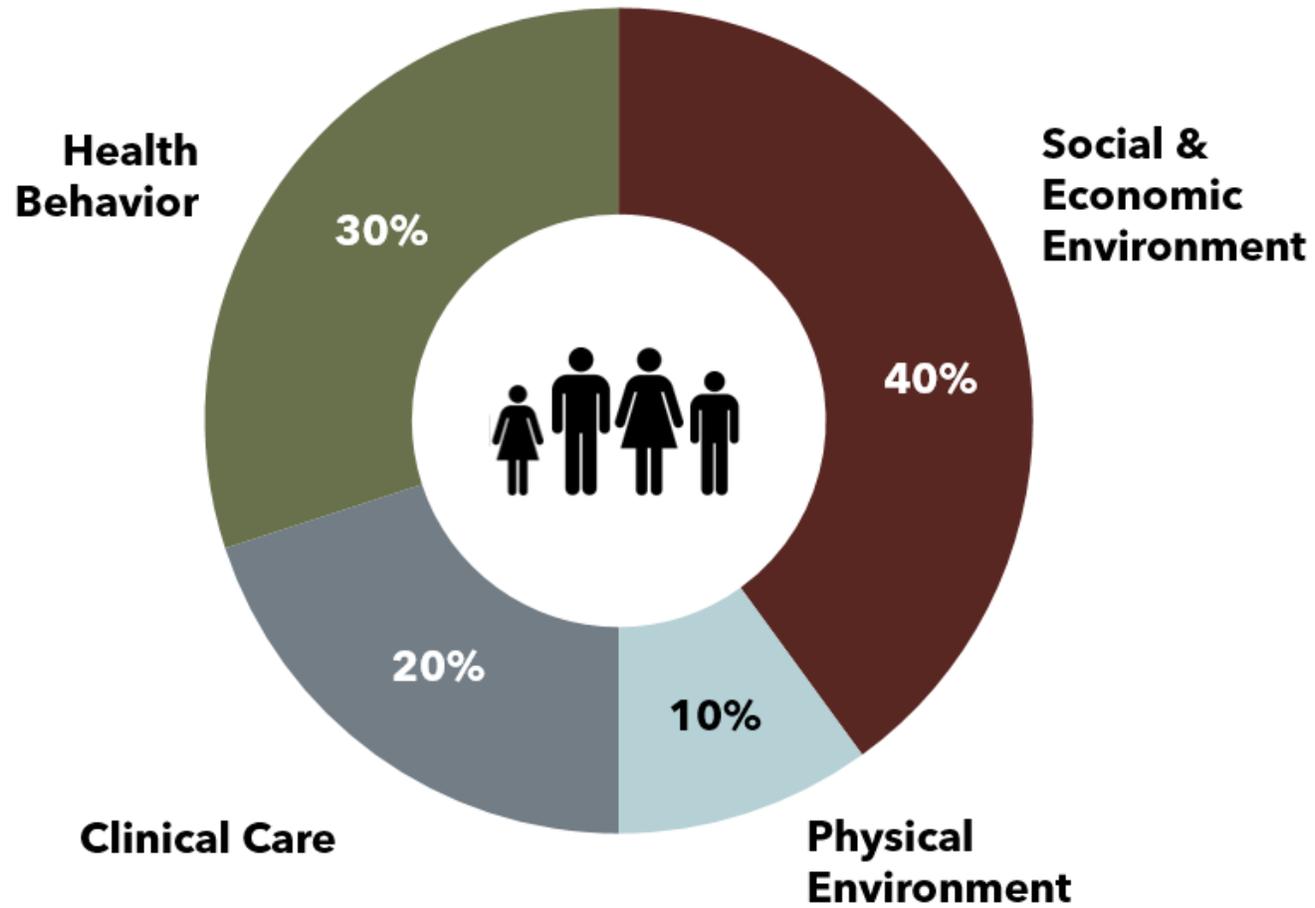
# Work Group Members

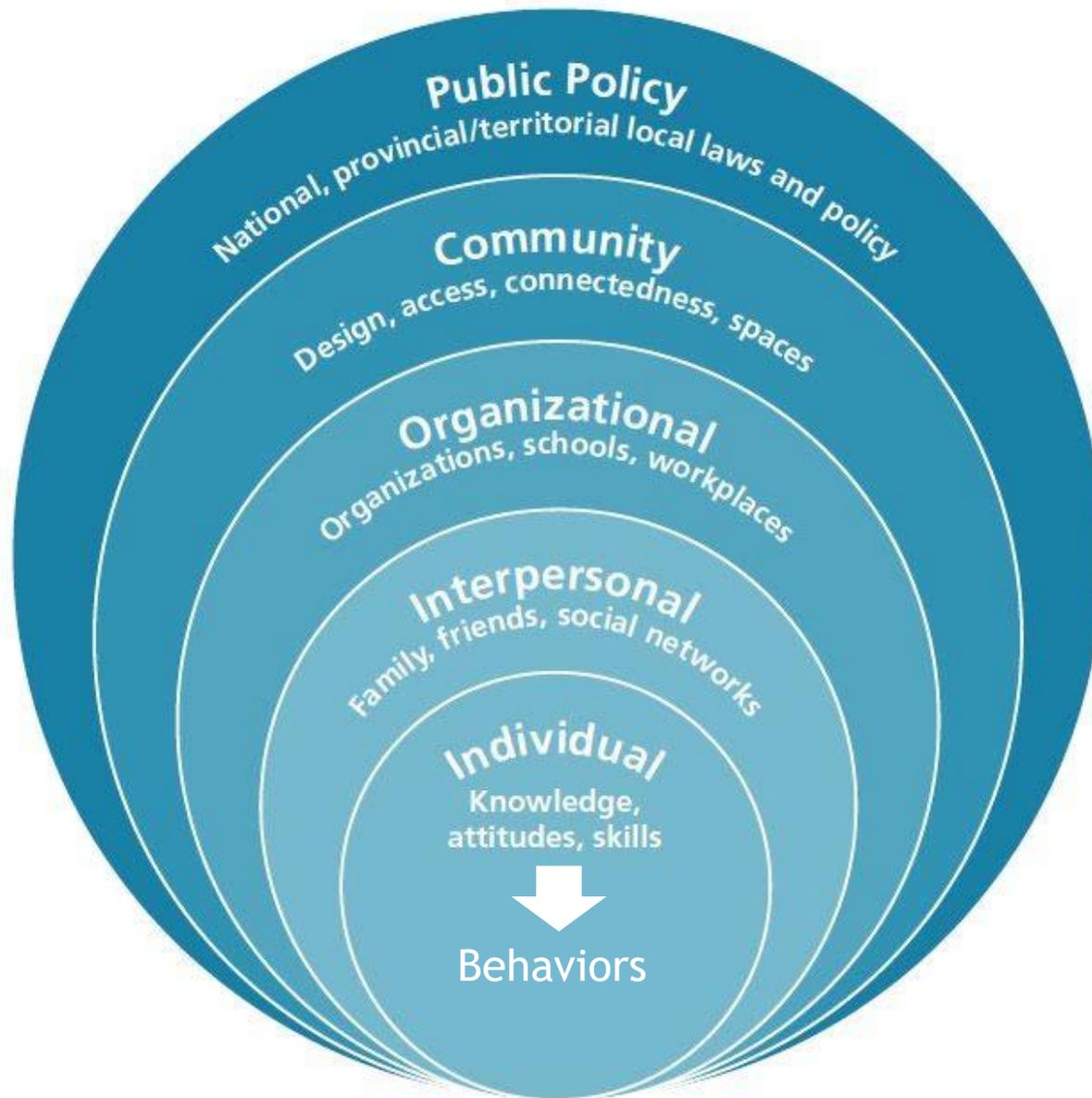
- ▶ Dawn Burton, Prairie View A&M
- ▶ Amber Canto, Wisconsin
- ▶ Tom Coon, Oklahoma State
- ▶ Cheryl Eschbach, Michigan State
- ▶ Janelle Gunn, CDC
- ▶ Mike Gutter, Florida
- ▶ Maggie Jones, CCHE
- ▶ Lauren Kennedy, Michigan State
- ▶ Karl Martin, Wisconsin
- ▶ Ali Mitchell, Northeast Extension
- ▶ LaToya O'Neal, Florida
- ▶ Roger Rennekamp, ECOP-APLU
- ▶ Michelle Rodgers, HITF Chair
- ▶ Suzanne Stluka, USDA-NIFA
- ▶ Karla Trautman, S. Dakota State
- ▶ Erin Yelland, Kansas State
- ▶ De'Shoin York, Southern University

“Every day, people make choices that impact their health. Enormous amounts of energy have been devoted to informing and influencing those choices. Unfortunately, far 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)

# THE DRIVERS OF HEALTH





A Social-Ecological Model for Physical Activity - Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)



An individual can only  
choose among options  
available to them.





All People All Places

Healthy

How can Cooperative Extension think differently about its health-related work?

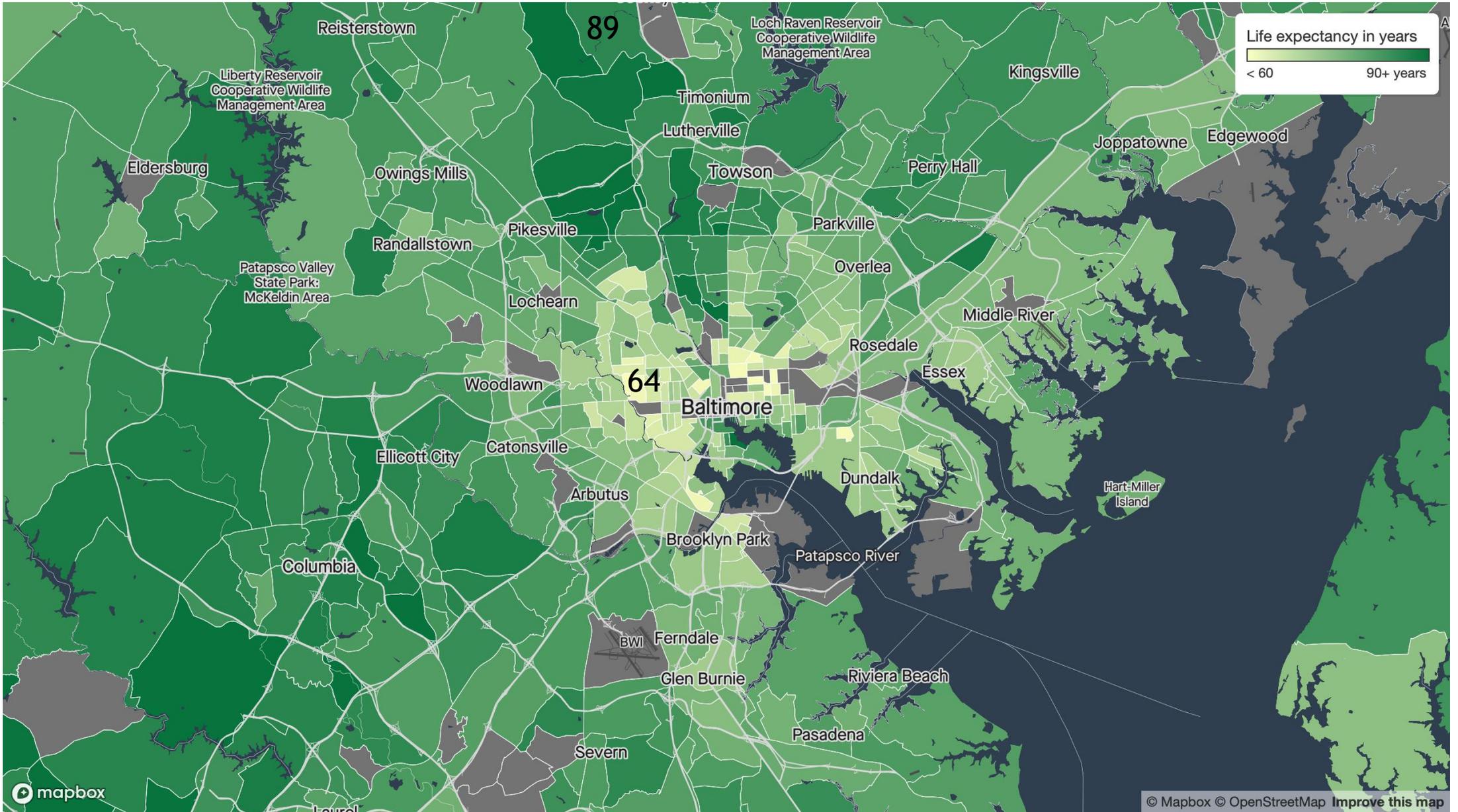
How can Cooperative Extension work in new ways to ensure that all people have an opportunity to experience optimal health ?

# Three Core Themes

- ▶ **Health Equity** - Centering on health equity involves driving resources to those communities and groups that are experiencing the most significant barriers to achieving optimal health.
- ▶ **Social Determinants of Health** – Health-related work should include consideration of those factors beyond the influence of an individual such as broadband availability, transportation, access to healthy food, and quality healthcare.
- ▶ **Coalitions and Community Assets** – These are the mechanisms by which the resources of multiple entities are focused on common objectives. There are multiple roles that Cooperative Extension can play to catalyze collective action to advance health equity and well-being.

# What is Health Equity?

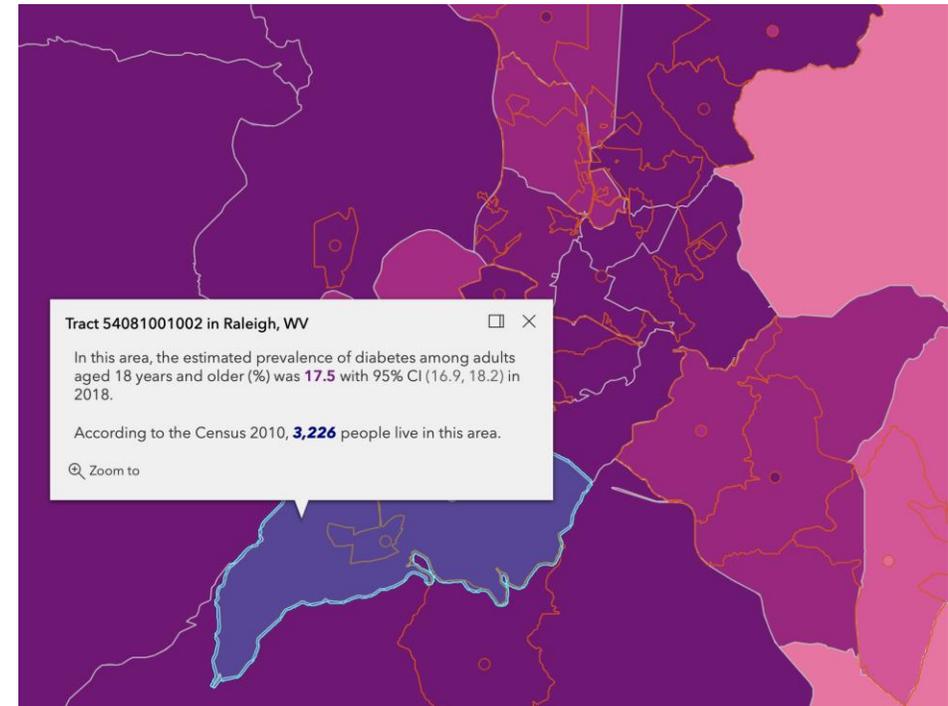
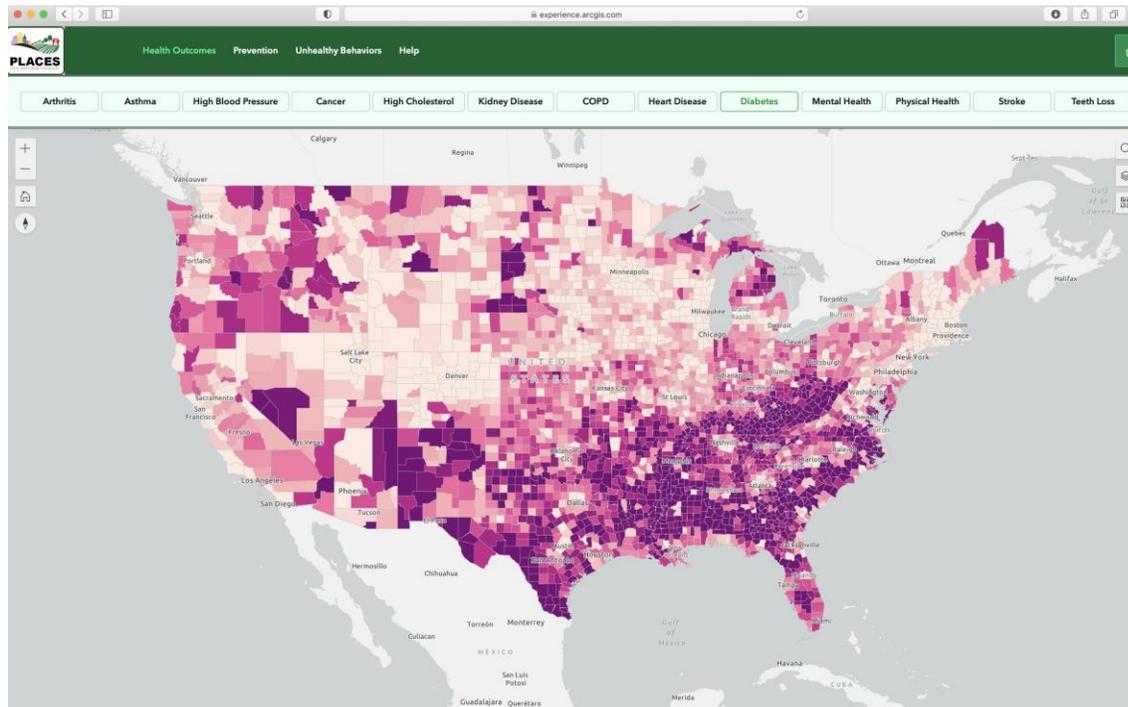
- ▶ Health equity exists when everyone has a fair and just opportunity to be as healthy as possible. RWJF
- ▶ Health equity defines a state in which everyone has the opportunity to attain their full health potential, and no one is disadvantaged in achieving this potential because of social or any other socially defined circumstances. CDC
- ▶ Health equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined **socially, economically, demographically or geographically** or by other means of stratification. WHO



# What are Social Determinants of Health?

- ▶ Factors or conditions beyond the individual that influence their overall health and well-being.
- ▶ Cooperative Extension is working to influence the social determinants of health through policy, systems, and environment (PSE) change, especially through SNAP-Ed and EFNEP.
- ▶ It is critical that approaches are tailored to unique **needs of communities bearing the greatest health burdens**. Approaches that drive resources to such communities are called **precision** approaches.
- ▶ Collective action models bring people and groups together to focus resources on a common goal.

Advances in data science allow us to identify and address inequities with **greater precision.**

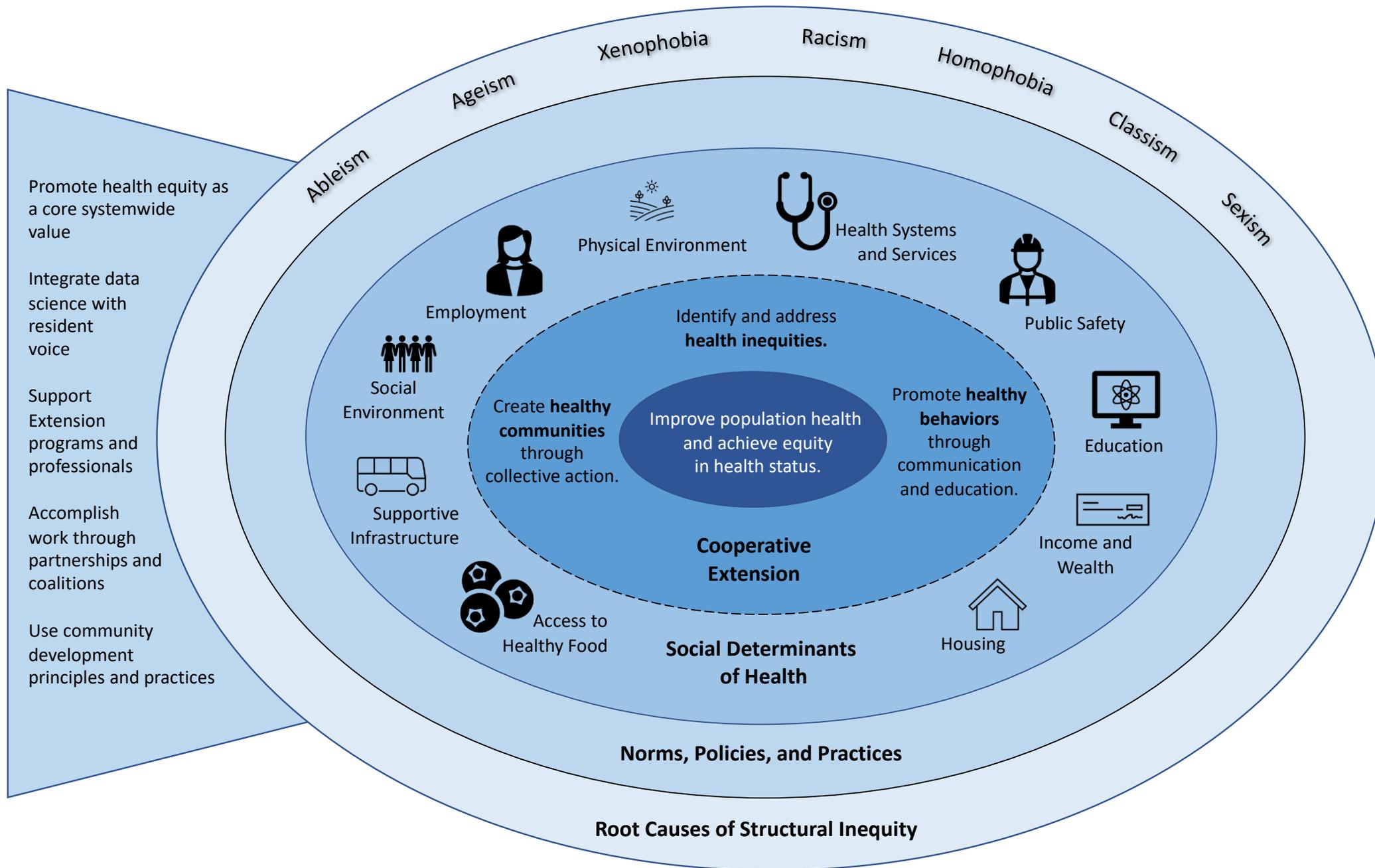


CDC's **Places: Local Data for Public Health** allows local Extension faculty and staff to access data down to the **census tract** level.

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

“For the past several years, Cooperative Extension’s work as a SNAP-Ed implementing agency has gradually evolved to include a focus on influencing the social determinants of health by catalyzing changes to the policies, systems, and environments in which people live their lives (Yetter and Tripp, 2020). Cooperative Extension must learn from this work and expand upon nutrition-focused PSE change to influence the other determinants of personal and population health.”

Burton et al. (2021)



Promote health equity as a core systemwide value

Integrate data science with resident voice

Support Extension programs and professionals

Accomplish work through partnerships and coalitions

Use community development principles and practices

Ableism

Ageism

Xenophobia

Racism

Homophobia

Classism

Sexism

Physical Environment

Health Systems and Services

Public Safety

Employment

Identify and address health inequities.

Social Environment

Create healthy communities through collective action.

Improve population health and achieve equity in health status.

Promote healthy behaviors through communication and education.

Education

Supportive Infrastructure

Cooperative Extension

Income and Wealth

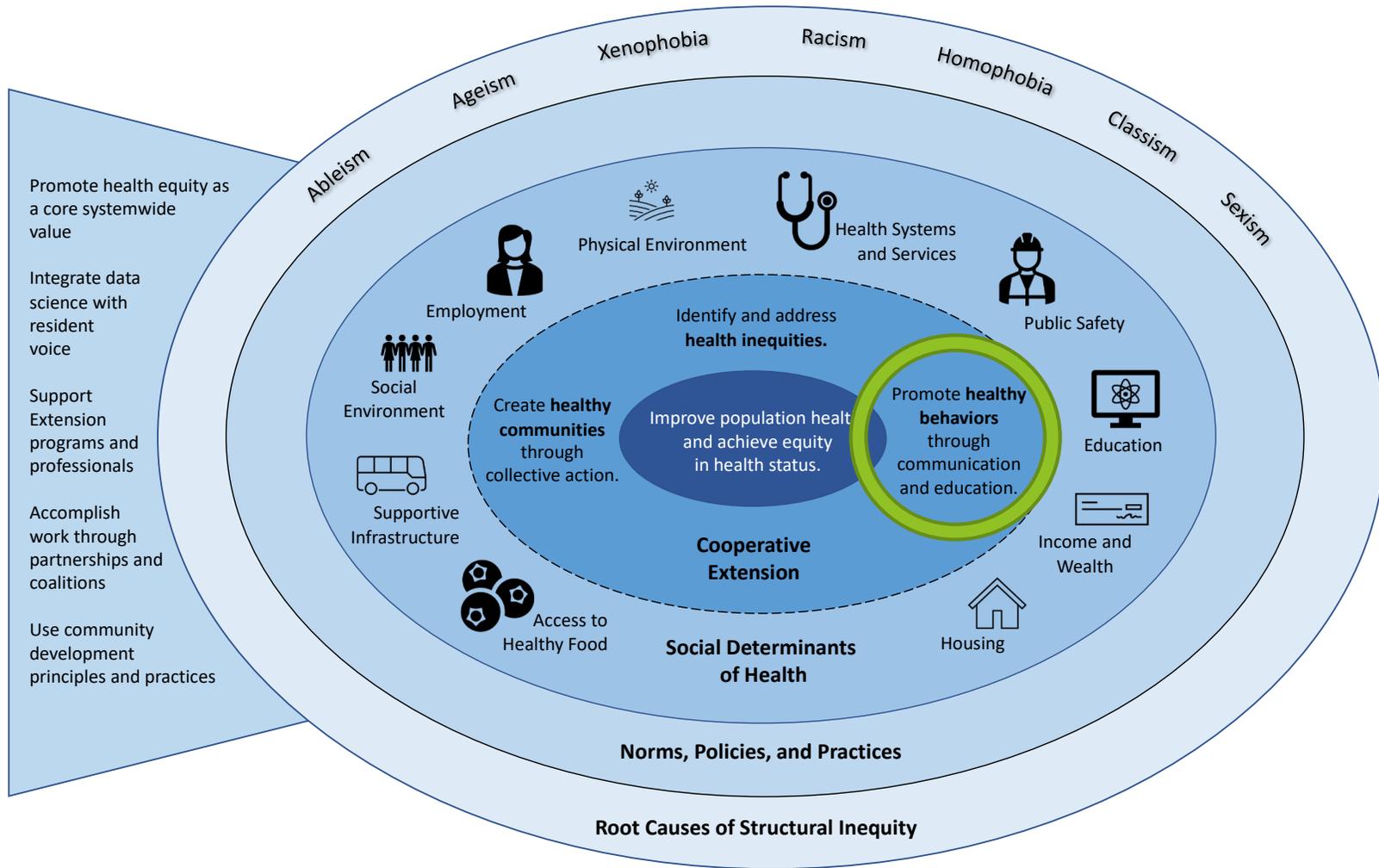
Access to Healthy Food

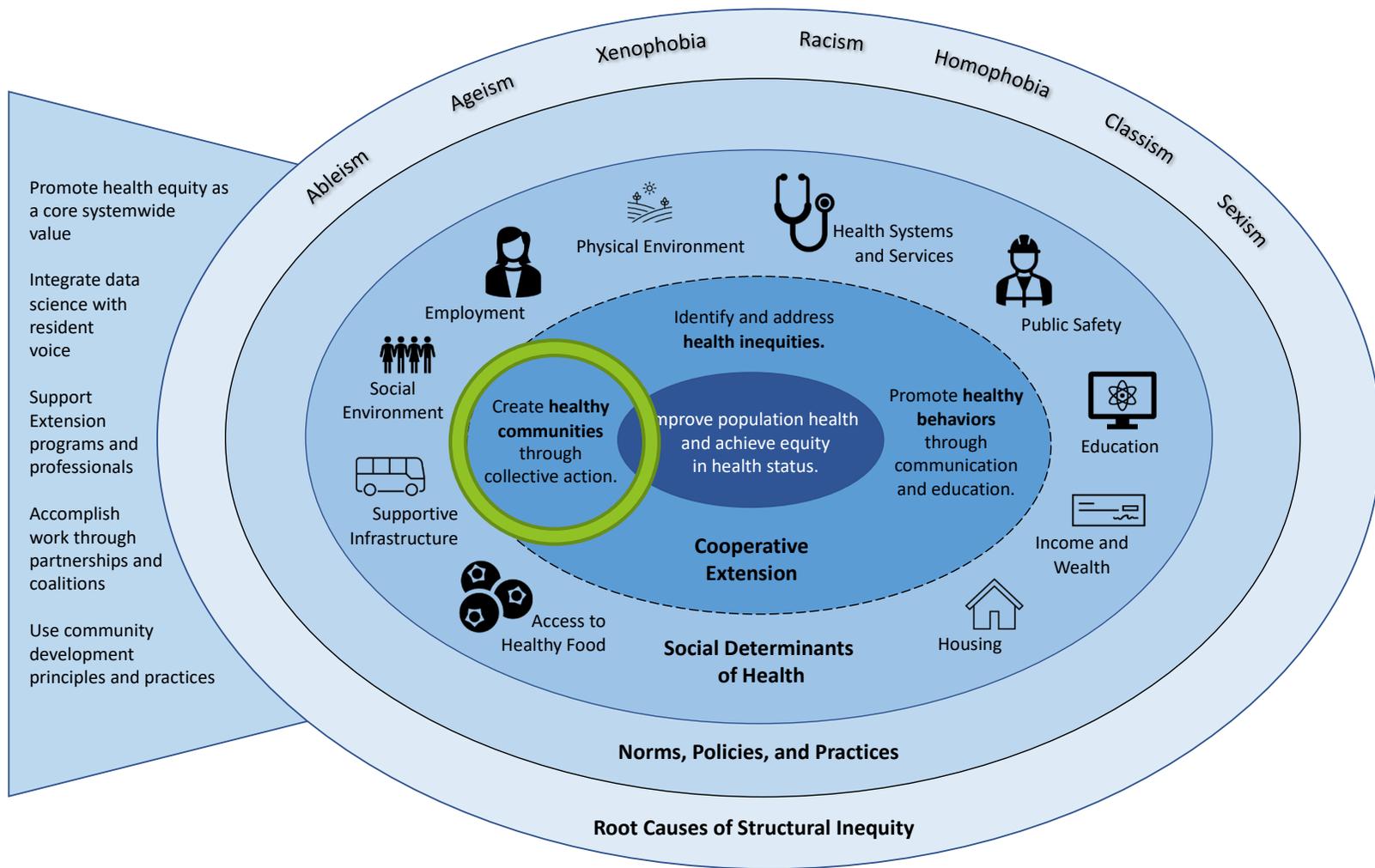
Social Determinants of Health

Housing

Norms, Policies, and Practices

Root Causes of Structural Inequity





**Recommendation 1** - Advance health equity as a core systemwide value to ensure that all people have a fair and just opportunity to be as healthy as they can be.

**Examples:**

- Prioritize hiring, retention, development of a diverse and culturally competent workforce.
- Create structural mechanisms that drive resources to chronically underserved communities.
- Conduct a national audit of Extension professional capacities in health equity.

**Recommendation 2** - Utilize community assessment processes that integrate data science and resident voice to identify and address health inequities with greater precision.

**Examples:**

- Establish and expand upon data sharing agreements so that Cooperative Extension may access the demographic and health outcome information needed to accurately apply resources and develop programs.
- Include a discussion of social determinants of health in Extension materials and programs.

**Recommendation 3** - Invest in the success and visibility of Extension's health-related professionals, programs, and initiatives.

**Examples:**

- Increase the number and resourcing of Extension positions explicitly related to health and wellbeing in as many states as possible.
- Provide support for the National Health Outreach Conference. (Hosted by University of Missouri in 2022.)

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

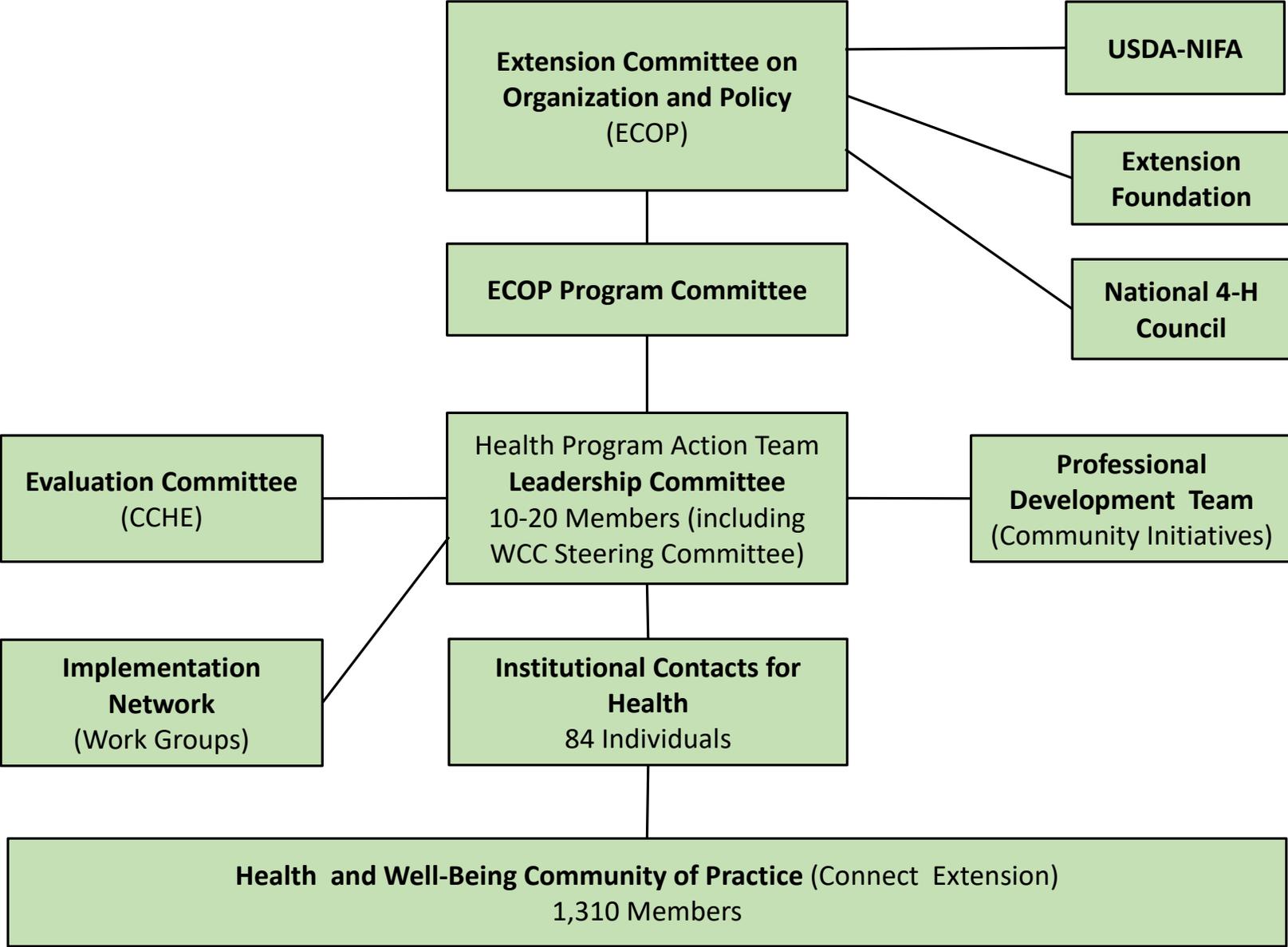
**Examples:**

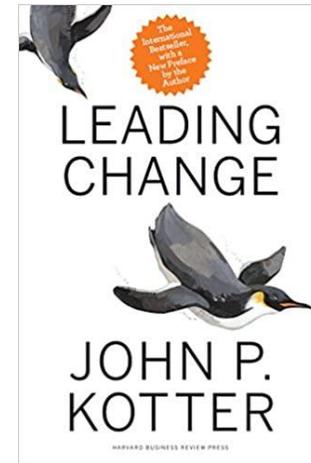
- Establish and strengthen partnerships with academic medical centers and health science colleges such as public health, nursing, pharmacy, veterinary medicine, dentistry, and social work.
- Establish and strengthen relationships between LGUs to share expertise, leverage limited resources, and build multi-state strategies.

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

**Examples:**

- Build an Extension workforce that is comfortable stepping away from an expert-model of program delivery to one where Extension professionals are also comfortable engaging with the community as equal partners.
- Compensate community members to partner with Extension as peer champions and community guides.





Describe a change effort that you were involved with that **was successful**. Share one thing that you believe contributed to that success.

Describe a change effort that you were involved with that **was not successful**. Share one thing that you believe adversely affected implementation or adoption.