

# *Health and LGUs: An Extension Response to Addressing Public Health*

David Buys, PhD, MSPH, CPH, FGSA

*State Health Specialist – MSU Extension*

*Associate Professor – Dept. of Food Science, Nutrition, and Health Promotion*



@drbuys

david.buys@msstate.edu

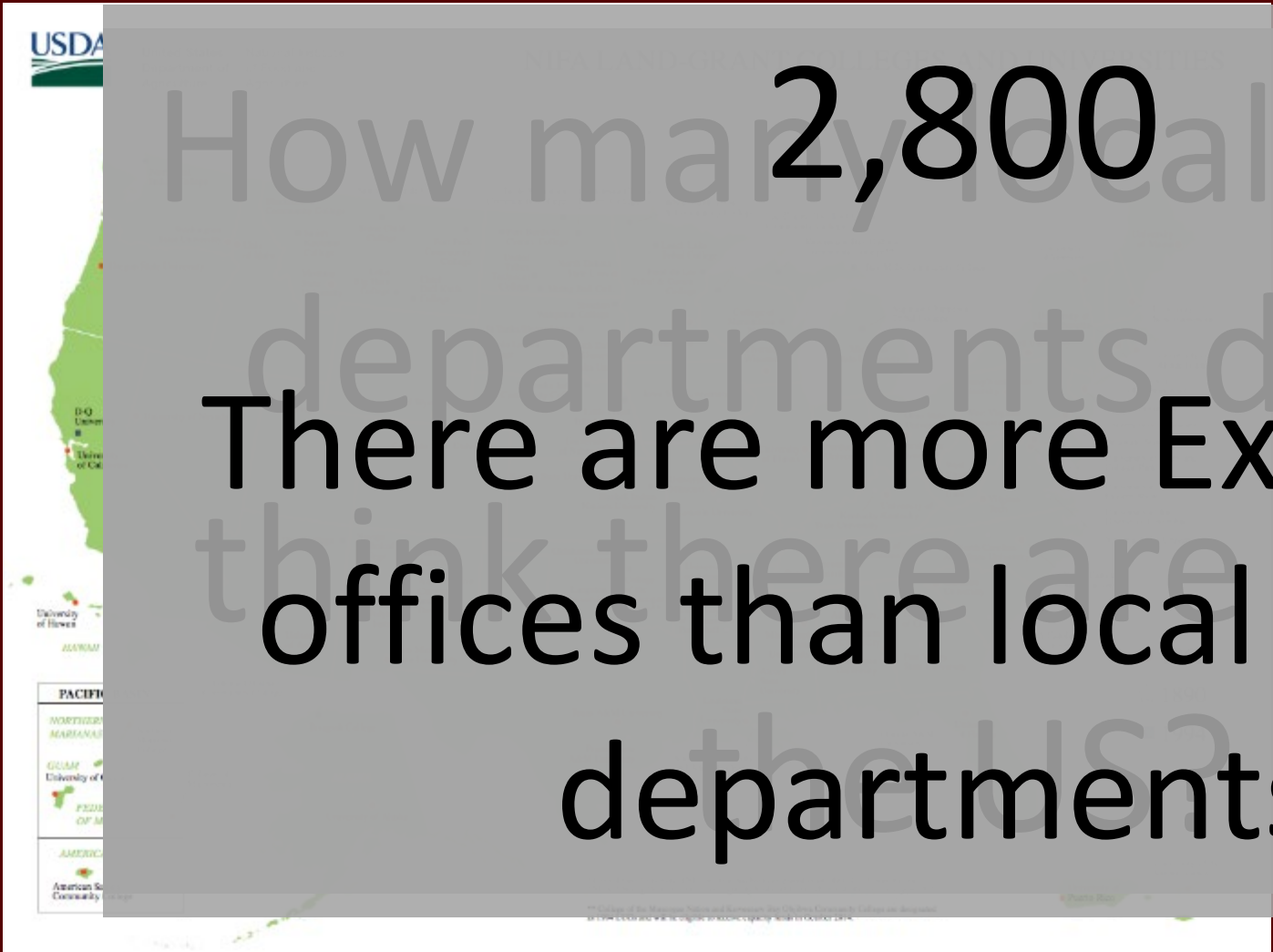
# Health, Extension, and LGUs: Four Take-aways

1. We DO have a role!
2. We need (and have) a strategy / framework
3. We have to live in the tension between going wide AND deep
4. We should think “more helix, less matrix”

# What is Public Health?

- Promotes and protects the health of people and the communities where they live, learn, work and play (*and pray*).
- Physicians treat people who are sick; Public health (and Extension) practitioners try to prevent people from getting sick or injured in the first place.



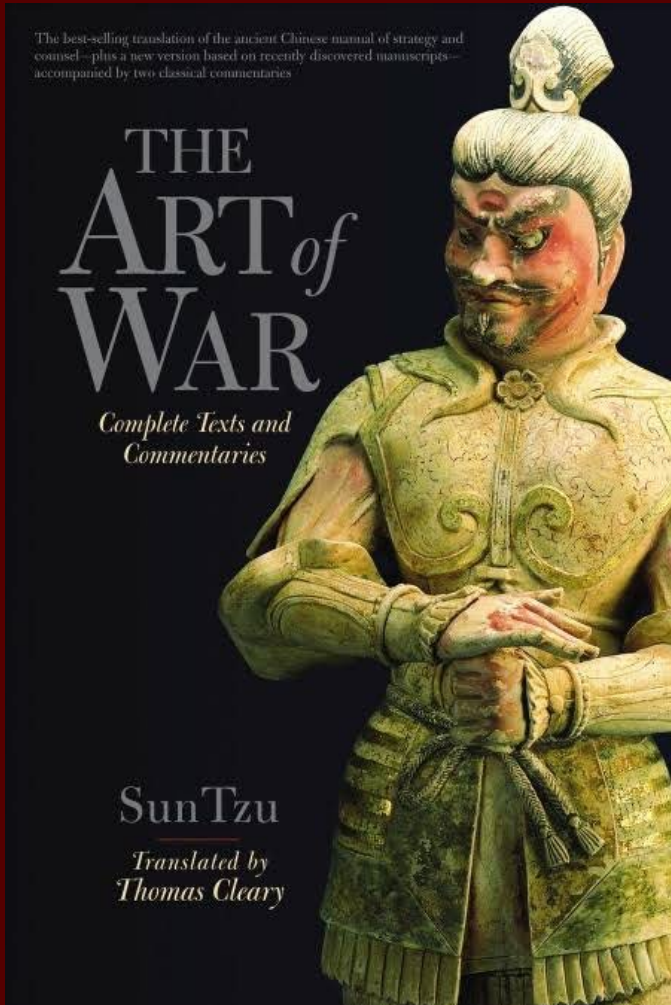


2,800

There are more Extension  
offices than local health  
departments!

2  
00  
14,000





Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat.

Sun Tzu- *The Art of War*

# 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





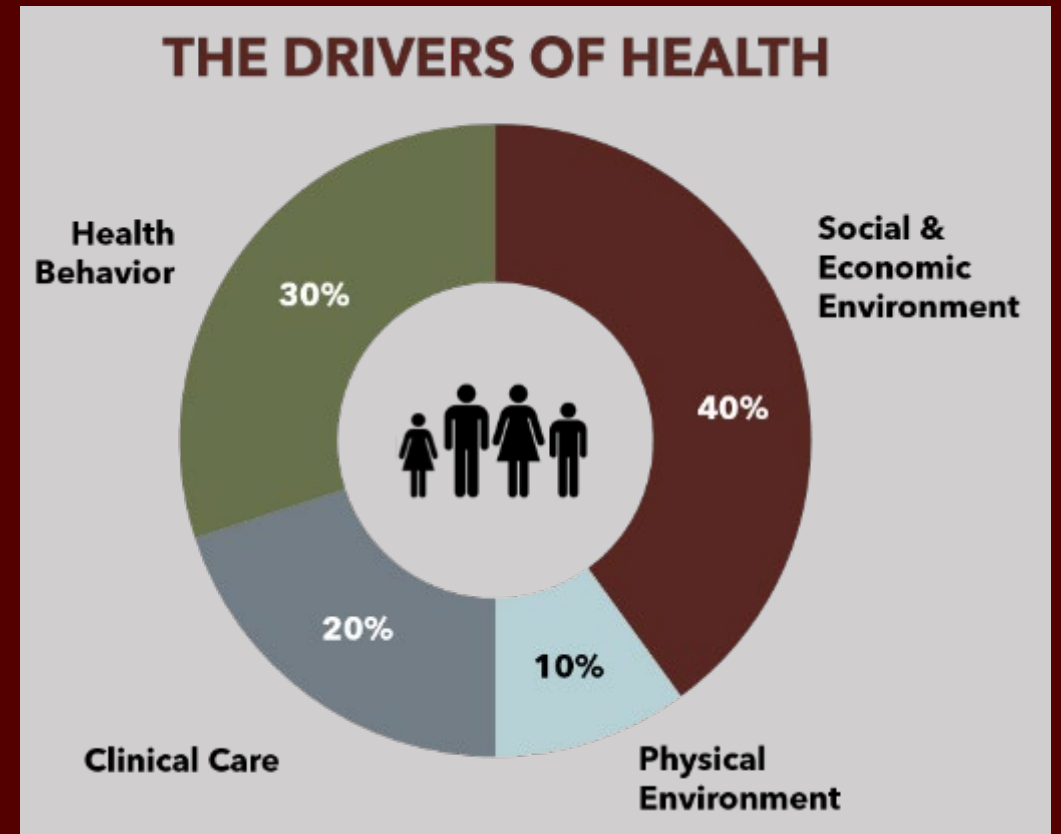
# Central Questions Guiding Framework Update


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?



“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)





An individual can only  
choose among  
options available to  
them.







# 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

## SOCIAL DETERMINANTS AND SOCIAL NEEDS – MOVING UPSTREAM

### STRATEGIES

Improve  
Community  
Conditions

Addressing  
Individual's  
Social  
Needs

Providing  
Clinical  
Care

### TACTICS

Laws, policies and regulations that create  
community conditions supporting health for  
all people

Include patient screening questions  
about social factors. Use data to  
inform and provide referrals.

Social workers, community health workers,  
and community organizations providing  
Direct support to meet patients social needs

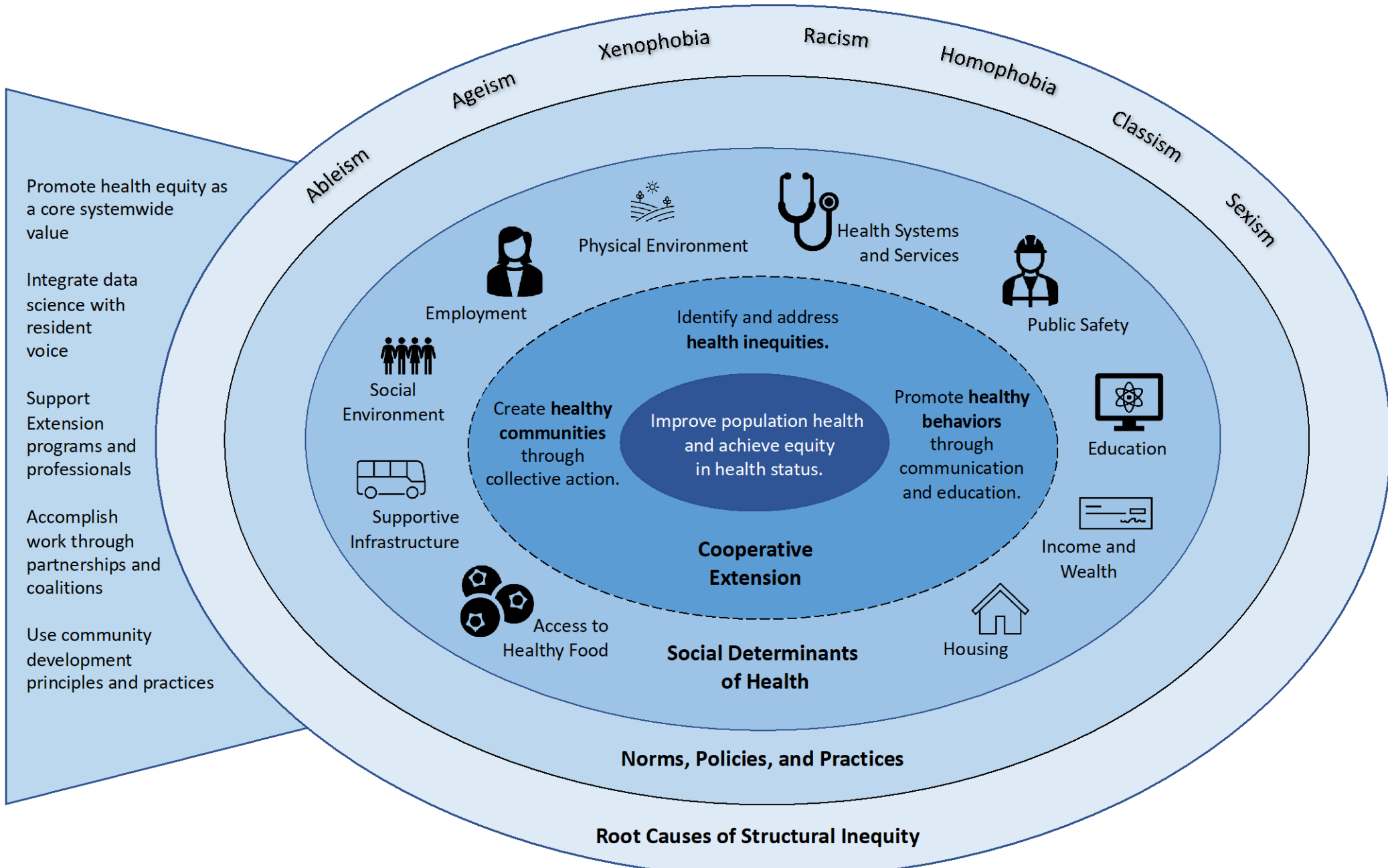
Medical  
Interventions


UPSTREAM

MIDSTREAM

DOWNSTREAM








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

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

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

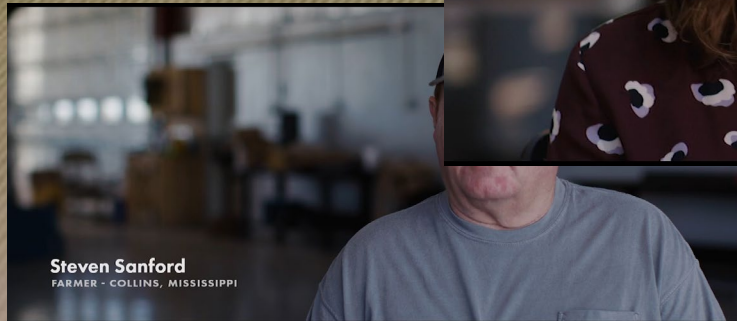


**Recommendation 4** – Establish partnerships with academic units, government agencies, corporations, nonprofit organizations, and foundations that share a commitment to reducing or elimination health inequities.

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



# Farm Stress



<http://msuext.ms/onthefarm>

# The Matrix Dilemma

Extension

vs. Experiment Station

vs. academics

vs. “the non-LGU side of campus”

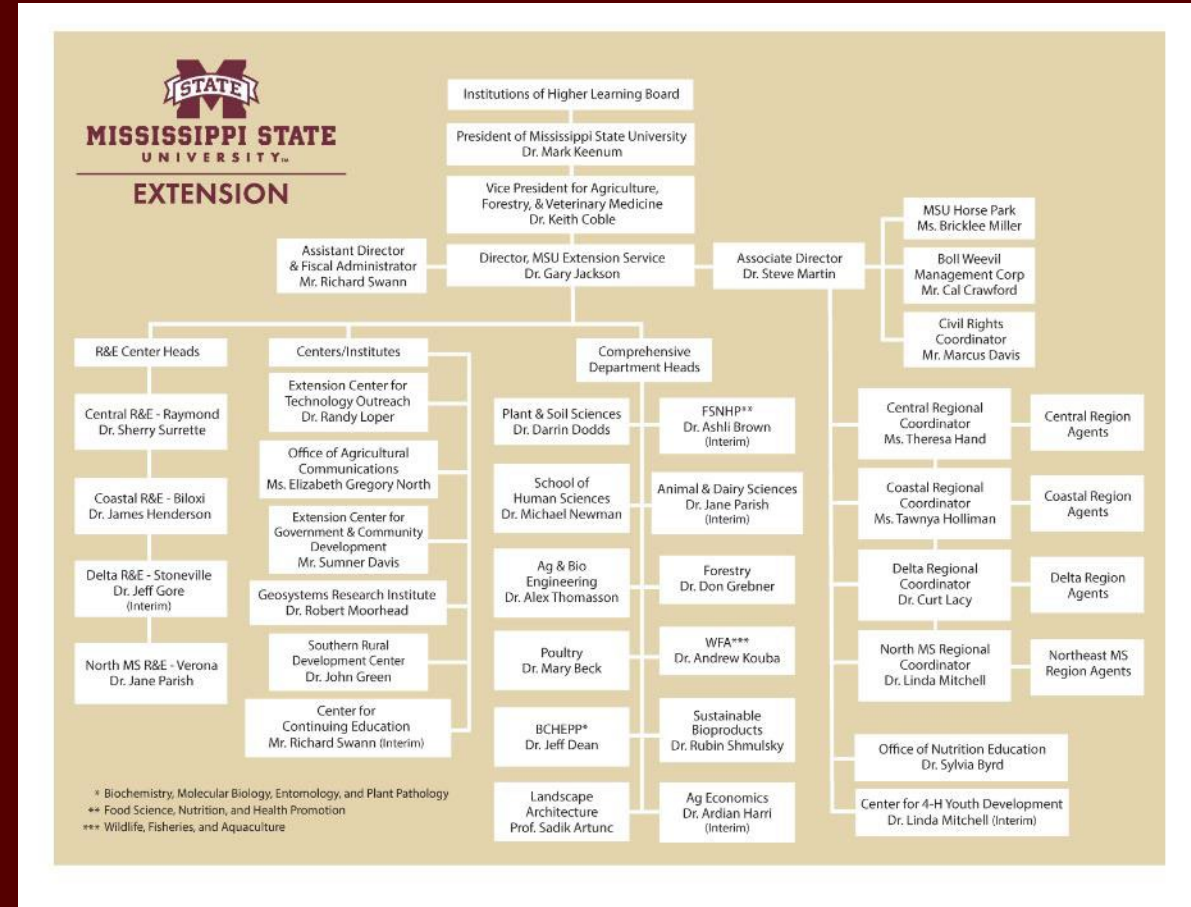
PLUS

vs. health departments

vs. other state agencies

vs. community-based organizations

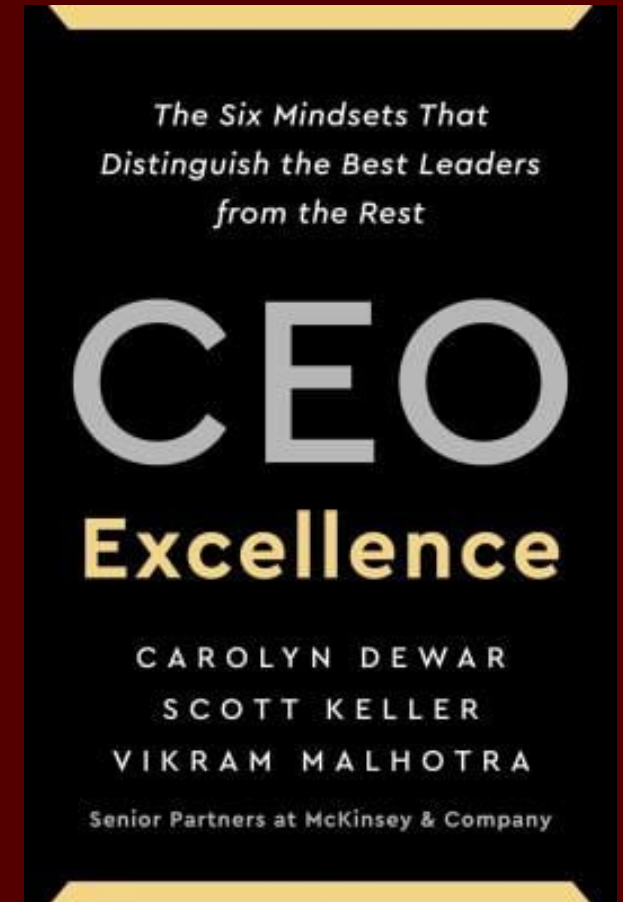
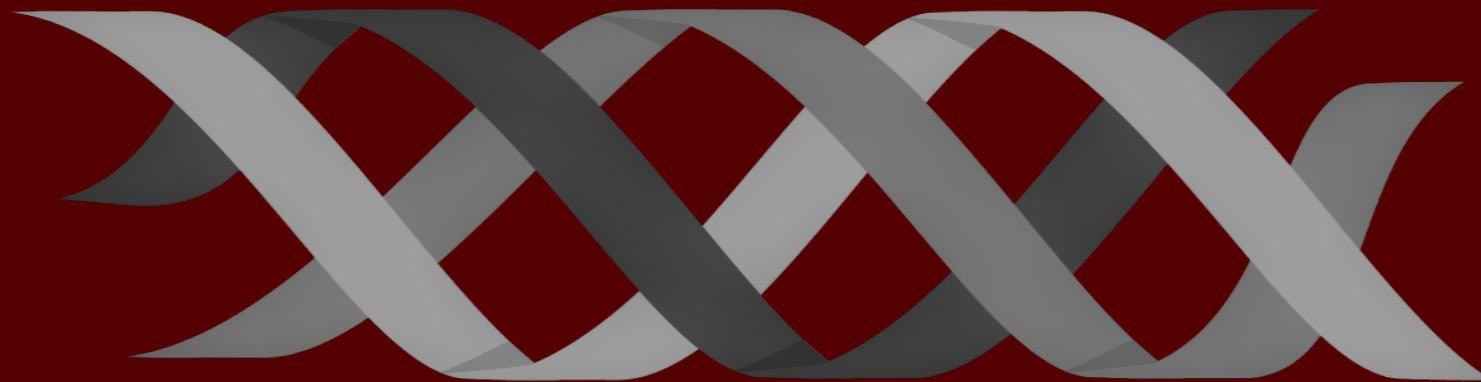
vs. health care organizations



# More Helix, 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





# 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

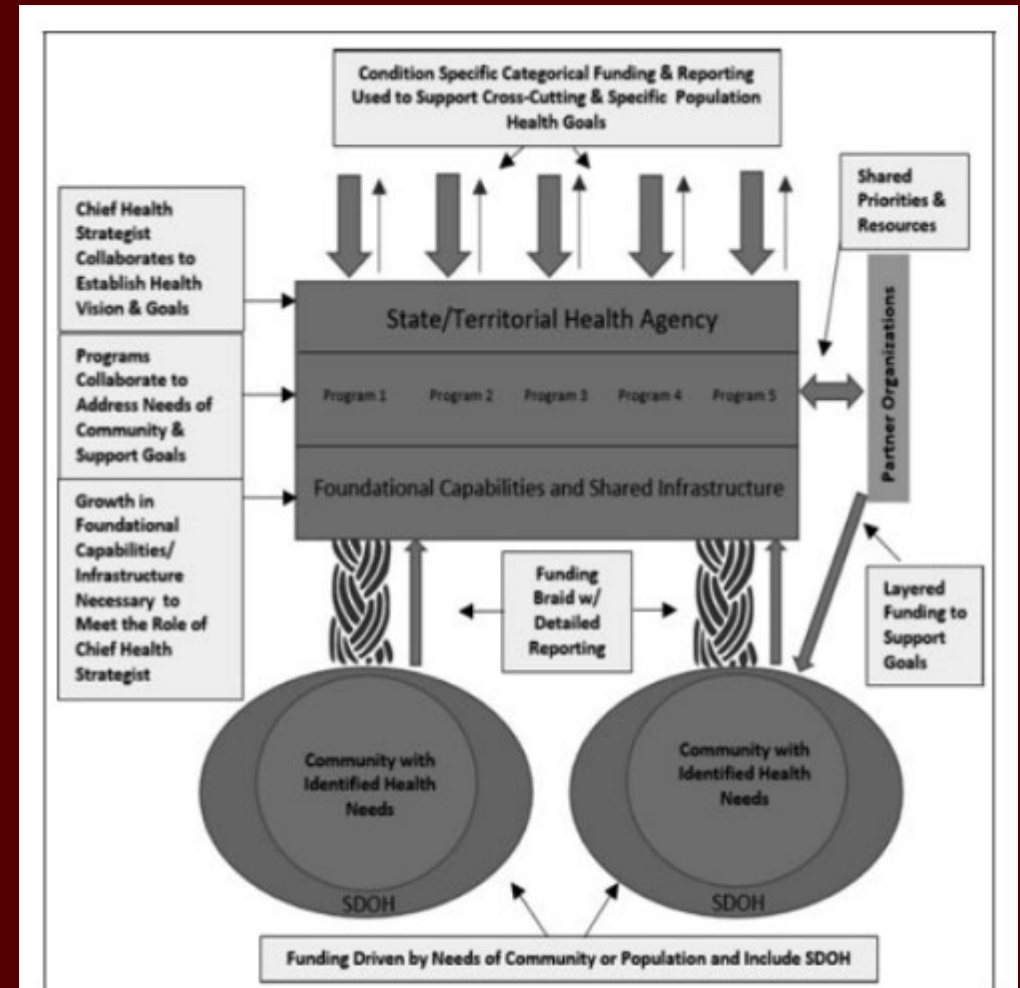


FIGURE 3 Public Health 3.0 Funding Model

# More Helix: For Faculty & Student Engagement

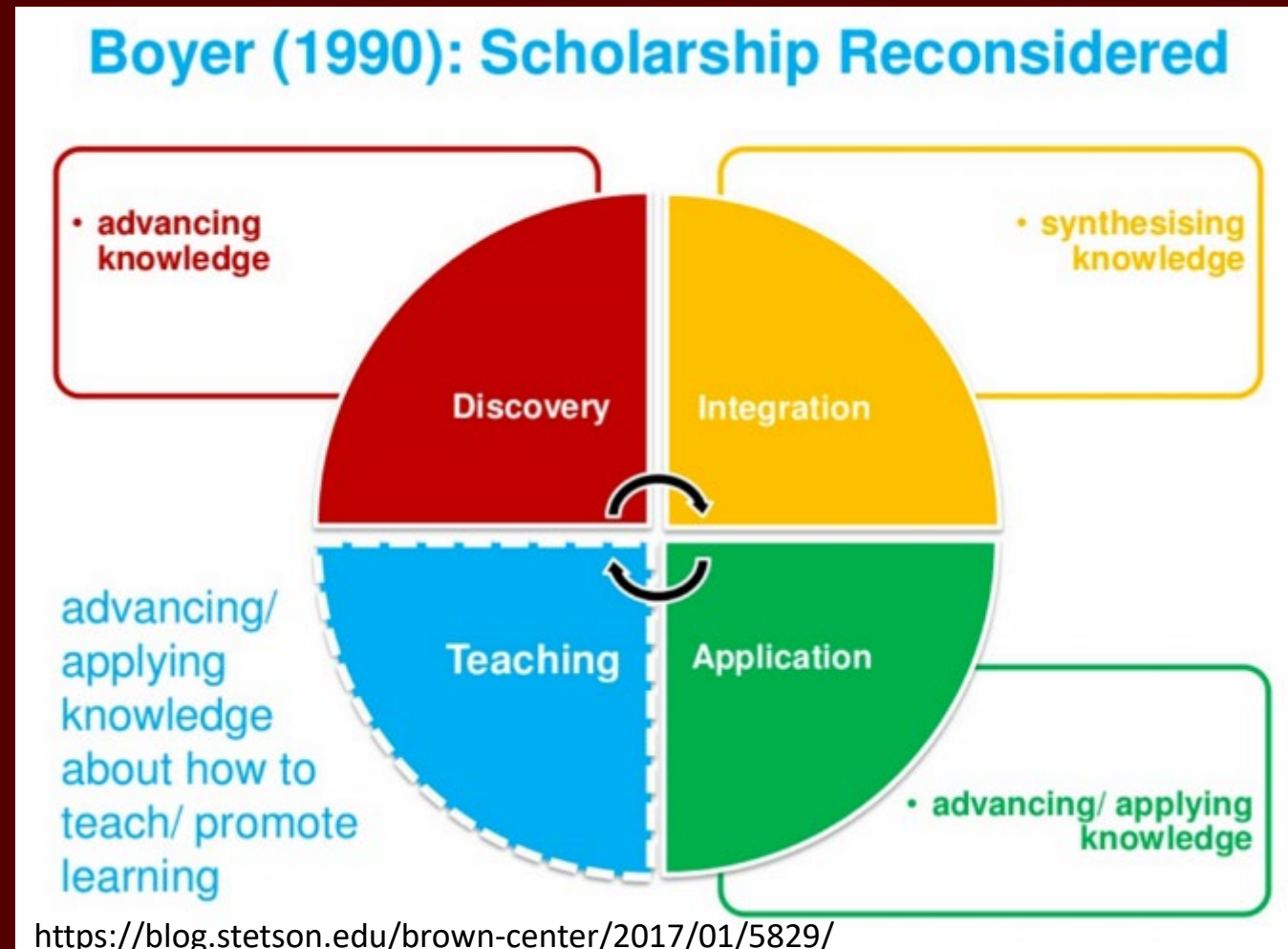
Leverage Extension – both campus and county-based personnel— for:

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





# More Helix: For Scholarship



# Health, Extension, and LGUs: 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; 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" for greater impact

# *Health and LGUs: An Extension Response to Addressing Public Health*

David Buys, PhD, MSPH, CPH, FGSA

*State Health Specialist – MSU Extension*

*Associate Professor – Dept. of Food Science, Nutrition, and Health Promotion*



@drbuys

david.buys@msstate.edu