Introduction

- Research shows that wealth inequality creates barriers to community development.
- Although many organizations and agencies address poverty and the resulting health disparities, they often serve similar audiences and may compete for clients and resources.
- MU Extension studied efforts by Cooperative Extension to link community development organizations and activities.

Four case studies were reviewed:
1. Step Up to Leadership
2. Leadership Northwest Missouri
3. Bi-National Health Week
4. The Mississippi River Hills region

Background: The status of healthcare disparities

Nationally, growing disparities including...
- Cancer screening
- Maternal and child health

Major issues for Missouri include...
- Diabetes
  - Uncontrolled diabetes without complications is 718% above the target
- Hypertension
- Asthma
  - 188% above target overall; but children 2-17 is 401% above target
- Managing chronic conditions

*According to the 2013 National Healthcare Quality and Disparities Report by Department of Health and Human Services*
Context

Challenges for Community Development
- Competing needs
- Limited resources
- Finding ways to engage the current population
- Prioritizing the activities deemed necessary to bring improvement to the community
- Gaining the support of a significant number of residents in making the necessary changes that lead to the improvement of life in communities

Challenges for health promotion
- Historically a "top-down" approach, though moving towards empowering individuals and communities
- Lack of understanding about participatory development

Context

Challenges for Cooperative Extension nationwide
- Decreasing funding, changing funding streams
- Fewer faculty
- Lack of awareness about Extension by the general public, or misunderstandings about what Extension is... and isn't
- Competitors have entered the scene

Questions

"If health promotion and community development are fighting closely related battles, why has the war on disparities been so difficult to win? Could a lack of program coordination between different community development and health promotion entities be the culprit?"
Proposed strategy

- Cooperative Extension, with its wide range of disciplines, access to resources, and networks at the local, state, and national levels, could be the best candidate to serve as the hub for coordinating efforts that address health disparities.

Case study 1: Step Up to Leadership

- University of Missouri Extension in partnership with Missouri Association of Community Action, designed and delivers a 12-week course in community leadership called SUL.
- It is designed to nurture leadership skills and encourage participants to make a difference in their communities through civic involvement.
- SUL began in 2004, and as of 2010, a total of 449 participants, of which 401 (80%) were women, had graduated from the program through community action agencies alone.
- These partnerships have created synergies that have enabled community leaders to more efficiently and effectively bring about improvements in their communities through involvement in community planning and improvement projects like food pantries and volunteering on boards.

Step Up to Leadership

- Over 6,500 SUL participant manuals have been sold across the U.S. and internationally
- Program sessions cover such topics as: planning for your passion, teamwork, diversity, legalities and practicalities of community involvement, effective meetings, conflict resolution, and public speaking.
- Each session lasts 3 hours, additional activities are assigned as homework
- Average 12-18 participants per class
- Each session has activities and assignments that participants perform during and after the session.
Study results of Northwest Missouri SUL graduates

Components of SUL critical in building community leaders in rural and poor communities:

1. Allowing potential leaders the opportunity to see other viewpoints and value systems of persons that may be contrary to their own.
2. Creation of fertile ground on which to alleviate the “fear and unwillingness” most low-income community members have in taking up leadership roles.
3. Opportunity to help community members empower themselves to influence the decision-making processes in their community.
4. Ability to foster the development of social capital of both a bonding and bridging nature among participants and other influential people in the community.
5. Demonstrates beneficial influence on both its graduates, and on their communities.

NCRCRD 2011-2012 Small Grants Program

- Through a mixed-method analysis of a community leadership program, this project will assess the impact of the Step Up to Leadership program on participants' leadership skills and how the skills strengthen community economic development.
- Data is being obtained from participant surveys, document review, and in-depth interviews with graduates of the program, facilitators and community members knowledgeable of the leadership program.
- Our major goals are to demonstrate that:
  1. Step Up to Leadership has a significant impact on the participants and their communities' socio-economic well-being;
  2. Collaborative initiatives between states and organizations hold promise in producing sustainable rural development; and
  3. Use the data to redesign the program to better meet the needs of communities and facilitate collaboration with other states.

Case study 2: Leadership Northwest Missouri

Mission is to...

"...enhance leadership skills while cultivating regional awareness and instilling a sense of responsibility for community and regional growth."

90% of participants believe Leadership Northwest Missouri fulfills this mission.
98% of participants agreed that LNM provides participants with an increased sense of responsibility for improving the Region.

“One of my personal greatest benefits was learning how Bethany financed their new Hospital project. I was on the Fairfax Hospital Board at the time and we were starting the process of building a new hospital.

“I brought that information home with me and suggested we look into a USDA loan like Bethany had gotten.

“Although I was poo-pooed at the first suggestion of it, I asked that we at least look into it. Turned out it was the best deal.”

Case study 3: Bi-National Health Week

- Target audience is Mexicans living abroad; the majority of those who participated in the health fairs are Mexican citizens.
- As a whole, the educational level is low. Of the 37 participants surveyed, 41% indicated that they graduated from High School and only 9% had earned a college degree.

The Bi-National Health Fair

- Most Hispanics consider themselves to be in good health.
- 63% noted they had seen a doctor within the past year.
- 55% of the participants are not medically insured.
- Those who have medical coverage stated that their employer pays the premium for their insurance in the United States.
Bi-National Health Week

- The main venue for health care services is community supported health clinics providing free or reduced cost care.
- Community health clinics must have culturally and logistically competent staff, if they are going to provide culturally sensitive healthcare to Latinos and other minority clients.
- Of those surveyed 62% noted that they attended this health fair for the opportunity to access medical screenings, which supports the need for these types of activities in communities.

Case study 4: Mississippi River Hills Region

- Six counties along the Mississippi River, south of St. Louis
  - Five are in the Delta Regional Authority
- Goal is sustainable rural development
- Based in the concept of “terroir” and labels of origin
- Work to connect and promote the foods, wines, arts, and cultural heritage sites of the region
- Synchronized programming and activities by MU Extension, the MRHA nonprofit organization, and its members
- Three primary areas of focus: buy local campaign, entrepreneurship support, and regional food system development
- Regional association incorporated 2007

MRH impacts

- Model duplicated in three other regions of Missouri
- Since 2006, tourism employment in Missouri decreased 1.41%, but INCREASED in the region by 1.78% (net gain of 257 jobs)
  - However, not all six counties have benefitted equally
- 24 new start-ups
- 2 dormant businesses purchased and re-opened
- 14 businesses expanded; and 7 added new product lines or services
- Fueled by positive publicity, the MRHA appears to be near the tipping point
Summary of case studies

- Consistent theme is the empowerment of community members as community development and health practitioners
- Recognition that community members are cultural experts
- Each program taps into and mingles internal and external resources to address issues specific to that community
- Each program benefits from and takes advantage of Extension's access to resources, expertise, network and partnerships
- Community development and health promotion initiatives are most successful when community members are involved in the full spectrum of action, from stating the problem, participating in the intervention, to evaluating the impact

Conclusions

1. A lack of coordinated, collaborative program delivery may hurt both program providers and beneficiaries
2. Collaboration provides a mechanism for enabling stakeholders at all levels to more purposefully leverage resources, and eliminate duplication.
3. Cooperative Extension, with its existing structures, networks, partnerships, and resources, may be best suited to be the hub for collaboration, strengthening all organizations involved and maximizing benefits to communities

Implications

- Increased awareness of Extension resources
- Stronger Extension capacity to serve a growing and increasingly diverse constituency
- Rationale for continued and increased financial support