

BEST PRACTICES

**Pathways to Wellness:  
Lessons Learned  
in Developing a  
Program to Facilitate  
Conversations about  
Social Determinants of  
Health**

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## Abstract

Raising awareness about the many factors that influence health can be an important first step to change conversations and empower communities to make changes that promote health for all. Pathways to Wellness was developed to facilitate community conversations about the complex influence of people and places on health. Eight Family and Consumer Sciences educators piloted this interactive four-part series focused on social determinants of health. Program evaluation suggests that conversation-based exploration of community issues supports knowledge gains for program participants and educators. Applying lessons learned provides a stronger model for facilitating community conversations and promoting engagement in community change projects.

## Pathways to Wellness: Lessons Learned in Developing a Program to Facilitate Conversations about Social Determinants of Health

Over time, the focus of health promotion programs has shifted from solely education about personal health behaviors like tobacco and alcohol use, diet, and physical activity (Nutbeam, 2019) to embrace the political, social, and economic conditions in which people live, work, and age (i.e., social determinants of health) (Adler et al., 2016; Whitman et al., 2022). Social determinants include neighborhood characteristics, access to quality education

and health care, social and community networks, and economic stability (Centers for Disease Control and Prevention, 2024). Work to address social determinants of health is complex, ongoing, and evolving (Dahlgren & Whitehead, 2021). Cross-sector, community driven efforts to provide safe and affordable housing and food, access to quality early childhood education, and transportation to medical appointments have demonstrated improved health outcomes (Whitman et al., 2022).

Raising awareness about the many factors that influence health can be an important first step to change conversations and empower communities to make changes that promote health for all (Doll et al., 2023). The mission of Family and Consumer Sciences (FCS) Extension is to help improve quality of life through education, research, and outreach (National Extension Association of Family & Consumer Sciences, n.d.). Historically, health programming for FCS Extension mirrored the focus on personal responsibility for health, suggesting people can manage health through implementing healthy lifestyle recommendations and food safety practices (Burton et al., 2021; Steinbrook, 2006). More recently, the updated Cooperative Extension Framework for Health and Well-being shifts focus to improving population health through supporting health equity, social determinants of health, and working through coalitions to increase community health assets (Braun et al., 2014; Burton et al., 2021).

Extension is poised to be a catalyst for community-based initiatives that influence the health and well-being of the community (Buys & Rennekamp, 2020). FCS Extension educators are often part of community coalitions that employ upstream policy, systems, and environmental strategies to make healthier choices easier choices (Herman et al., 2011; Smathers & Lobb, 2015). Yet, in a survey of nearly 400 Extension professionals, only about half reported feeling comfortable to develop a plan for policy, systems, and environmental change (Smathers et al., 2019). Extension programming is needed to bridge individual, behavior-focused health promotion programming with policy, systems, and

environmental changes that influence communities (Burton et al., 2021; Koukel et al., 2018). Due to the lack of existing programming to meet this need, an academic-community partnership between FCS Extension specialists and county educators for the Kentucky Cooperative Extension Service convened to develop Pathways to Wellness.

## Purpose

Pathways to Wellness was developed to facilitate community conversations about the complex influence of people and places on health. The short-term goals of Pathways to Wellness were to (1) increase knowledge about the multitude of factors that influence health and (2) increase beliefs in the ability of individuals and the community that they can take action in ways that promote health for all. This manuscript provides an overview of the program, and lessons learned during the pilot implementation and evaluation of the program.

## Program Design and Implementation

Pathways to Wellness is a series of four conversation-based lessons, each lasting 45 – 60 minutes. The first lesson introduces the concept of health and a social ecological model view of factors that influence health (McLeroy et al., 1988), with special emphasis on social determinants of health. The second lesson discusses the impact of relationships on health, provides strategies for nurturing relationships through small changes, and gives ideas for how communities can support healthier relationships. The third lesson focuses on the importance of safe and supportive environments to promote health and introduces strategies for changing local conditions. The final lesson focuses on the influence of culture on health and encourages brainstorming ideas for empowering people to be champions for health in the community. Examples of activities during lessons include connection activities (think-

pair-share) to get people thinking about the day's topic, questions to generate conversation throughout presentations, small group work to analyze County Health rankings (County Health Rankings & Roadmaps, 2024), and a community tour that involves completion of a comprehensive survey about food and nutrition, safety, and walking environments of both familiar and less familiar places in the community.

To support continued learning, engagement, and action between lessons, Pathways to Wellness hosts additional resources on Goalify, an app designed to help people create or change habits to achieve longer-term goals (nebytezero GmbH, 2024). Each lesson has a 'challenge' (e.g., Connect yourself or someone else with a community resource to support health). Challenges are supported with informational resources (e.g., podcast, video, website), group chat prompts (e.g., What is one idea you have for making a space in your community healthier?), and reminders to track progress.

In spring 2022, program concepts were tested in three communities. Program materials were refined based upon feedback, and in fall 2022, 48 county FCS educators participated in a six-hour training that provided experiential learning about program content and components (Table 1). Eight educators agreed to participate in a pilot implementation and evaluation of Pathways to Wellness in spring 2023. Community participants were invited to share their anonymous program evaluation after each lesson for research purposes. Evaluation questions focused on knowledge and confidence to take action related to each lesson's topics. Since the program content and design differed from previous health programming in our state, and the impact of interventions is linked with the fidelity of implementation (Toomey et al., 2020), evaluation focused on the educator experience. Educators completed an online checklist after each lesson to track attendance, report the fidelity with which program components were delivered, and provide feedback on the function and flow of the lesson. Data were collected and managed using REDCap electronic data capture tools hosted at the University of Kentucky

(Harris et al., 2019; Harris et al., 2009; Lawrence et al., 2020). At the completion of the pilot, educators also participated in a focus group discussion about their experience implementing the program. The Institutional Review Board at the University approved the study protocol [IRB #80353].

## Findings

**P**athways to Wellness was piloted in nonmetro (n=5) and metro (n=3) communities located in Eastern/Appalachian, Central, and Western regions of the state that had a median population ~20,400 (range ~13,000 - ~48,000). Educators had varying disciplines of training (e.g., child development, health promotion, career and technical education, library and information science, human services and counseling) and years of experience working for Kentucky Cooperative Extension Service (range 0 - 25 years, median 2 years). Of the eight educators who participated in the pilot, six delivered the entire series. One educator stopped after the first lesson, and another stopped after the second lesson; both cited a lack of attendance. The total number of community participants across all counties started at 30 and decreased to 22 by the final lesson. Educators who delivered the entire series retained participation across lessons.

## Potential for Program Impact

**A**fter each lesson, participants consistently reported gains in knowledge (Table 2), which suggests Pathways to Wellness can be a useful approach to increase knowledge about the multitude of factors that influence health. Educators reported observing knowledge gains among community participants. The content was “eye-opening” for many, leaving some “awestruck, starstruck of what they learned about what health and wellness really encompass.” The second goal of Pathways to Wellness was to increase beliefs that individuals and the commu-

nity can take action. Participants less consistently reported confidence in their ability (58-78%) and their community’s ability (53-74%) to take action to change factors that promote health. For example, community participants were less confident about their ability to create culturally safe spaces (58%) but reported greater confidence in making small changes with people in places where they live, work, play, and pray (78%). The following reflection on lessons learned offers suggestions for implementing similar programming and to further increase confidence in ability to take action. Future program evaluation would benefit from further assessment of program participants’ perceptions of benefits and drawbacks of learning about these topics as well as application of content.

## Lesson 1: People are Interested in Conversations About Social Determinants of Health

**E**ducators and participants enjoyed the content - “There are so many aspects [about health] that people don’t think about”. After the first lesson, all educators agreed that Pathways to Wellness is an acceptable (i.e., they like it) and appropriate (i.e., a good match) program for their community. Educators often rated engagement after each lesson as ‘a lot’ or ‘a great deal’ (20/24, 83%) rather than ‘a little’ or ‘moderate’ (4/24, 17%). Throughout the program, more than half of community participants indicated they had intentions to talk about content of each lesson with family (67-84%) and friends (53-84%). Participants less frequently indicated they had intentions to talk about lesson content with co-workers (26-53%), neighbors (26-47%), or elected officials (4-20%). Educators provided generally positive remarks about their and their participants’ impressions of the program - “Pathways to Wellness has been a joy to learn and implement.”

What educators liked about Pathways to Wellness compared to other health programming was the “scope of topics and the bigger picture of understanding of why we eat what we eat or move the way we move.” Unanticipated effects of implementing the program included educators seeing the relationship of program content to other things they were learning about or having to do for their job.

## Lesson 2: Conversation May Need to be Accompanied with Guided Action

Some educators commented Pathways to Wellness was different from typical Extension programs and concluded people, and sometimes they, were not understanding what the program was about until they attended one or more classes – “Maybe I just had to do it to understand it.” Educators also noted the program identified community issues that seem beyond the control of individuals. For youth (high school students), this provided a sense of relief, “oh, so it’s not all our fault” that we are not as healthy as we should be. But for adults, this led to frustration since some of the things they want to change cannot happen quickly or at all (e.g., a one-grocery community that has high prices or rural roads that do not have sidewalks or streetlights). Despite this, participants and educators expressed a sentiment of wanting more. One participant said, “Knowing how to approach this in my community would be great!” One educator said, “They [community participants] learned so much. I haven’t figured out what they are going to do with it yet”, while another was inspired by the program to organize community members to improve the quality of foods in food donation boxes.

There was consensus among educators about “what now” or “what next” to build on what was learned during the series. The inclusion of ac-

tion-oriented goals in Goalify was intended to provide technology-facilitated opportunities to guide people to take small steps towards supporting community change between lessons. However, only one educator introduced Goalify. Some of the identified barriers included educators not feeling comfortable with the platform, educators not feeling confident to support participants to use it, and community participants lacking interest. While Goalify was not the ‘right’ mechanism for supporting action, educators acknowledged value for resources and information between sessions. Future efforts may benefit from focusing on supporting educators in facilitating opportunities for community members to engage in projects to promote community health.

## Lesson 3: Invite the ‘right’ group of people to participate

There was tension with educators seeing a need for change and recognizing “change takes time”, feeling that “people are stuck in the past with change”, or perceiving that community participants do not see a need for this type of program. Three educators directed marketing to specific audiences (e.g., Extension councils and Extension volunteer groups). Those who directed marketing efforts were deemed to have greater success recruiting compared to those who spent a lot of time “talking it up” to their regular public audiences. Educators expressed desire for larger group size while also acknowledging the benefit of smaller groups to facilitate conversation and logistical issues to align schedules of people and facilities for the series. Educators and participants suggested that future iterations involve community leaders or change-makers – both elected and volunteer. Educators thought targeted or tailored invitations and a pitch presentation that provides a program overview may facilitate communicating with leaders how and why their attendance would be a worthwhile investment of time.

## Discussion

**P**athways to Wellness is an innovative approach for Kentucky, but its potential to spark change is far-reaching, as it provides a much-needed model for facilitating community conversations about the complex influence of people and places on health. Program evaluation indicated the exploration of social determinants of health encouraged participants and FCS educators to engage in high-level thinking to reflect on the current health climate of their communities beyond their personal health. It also spurred interest in changes to improve community health. However, results did not indicate consistent increases in confidence to take action.

Educators of varying professional backgrounds, most of whom did not have a health background, were able to facilitate conversations about complex factors that influence health in ways that engaged community participants. Although some expressed initial discomfort in leading these conversations, they acknowledged increased comfort over time and recognized the relevance of these topics to their work beyond the program. This suggests FCS educators may benefit from professional development related to social determinants of health and Extension's role in addressing them (Burton et al., 2021). Through a stronger sense of the factors contributing to community conditions, they may have increased confidence to work with community members to identify and change conditions in ways that ultimately improve or maintain health. Of additional consideration is the value of ongoing professional development, coaching, and peer-to-peer learning opportunities to support the transition from awareness raising to community action that changes policy, systems, and environmental factors in ways that promote health for all (Reid et al., 2019; Smathers et al., 2019).

The consistency with which educators and participants felt elected community officials need to participate is noteworthy. Local governments play a pivotal role in planning and offering services in a

community that influence social determinants of health (Santinha et al., 2023). Based on educator feedback, there is a need for formal invitations for community leaders and modifications to the program structure (e.g., all-day workshop, single-overview session) that balance the breadth of topics and potential time restrictions of those in perceived positions of power. In addition to recognizing the value of buy-in from elected community officials, this may suggest people underestimate the strength of their voices about local needs and values. Exercises in leadership development and community empowerment may help community members and educators recognize the power they hold personally as change agents and collectively in initiating community action (Apaliyah et al., 2012; Thompson et al., 2016). Tying Pathways to Wellness to existing community efforts might encourage participants to focus on the immediacy of the implications while seeing how they can contribute to long-term success.

In considering program goals and feedback from educators and participants, we made several modifications to Pathways to Wellness. First, as part of planning efforts, we encourage educators to reflect upon the longer-term goals for offering the program to determine target audiences. Second, we revised marketing materials to ensure use of plain language. Third, we created an alternative single-session unit for use with community leaders. Finally, in recognition of ongoing engagement necessary to support behavioral and policy, systems, and/or environmental change that influence social determinants of health (Bunnell et al., 2012; Doll et al., 2023; Wood & Neal, 2016), we collaborated with an Extension Specialist in Community Leadership and Development for follow-up programming that supports locally identified community projects. The result of this effort provides a stronger model for facilitating community conversations and promoting engagement in community change projects.

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## Table 1

### *Pathways to Wellness Program Package*

Program component	Description
Logic model	Graphic representation of program inputs, activities, outputs, and outcomes
Program summary sheet	Two-page sheet to summarize the background, program goals, target audience, program structure, activities, and evaluation
Marketing package	Talking points Sample newspaper language Social media graphics and captions for recruitment and informational purposes Reporting guidance for programmatic codes Sample success story Program follow-up marketing ideas
Community resource guide	Template for populating local, regional, and state resources organized by dimensions of wellness (emotional, environmental, financial, intellectual, occupational, physical, social, spiritual)
Lesson packages	Facilitator guide with lesson background, goals, objectives, audience ideas, materials and activities, facility and equipment requirements, preparation checklist, additional resources and references Slide deck with talking points Activities Handouts Publications Evaluation
Goalify	Challenge/goal options Informational resources either for download or link to websites Group chat prompts Reminders to track progress toward challenge/goal

## Table 2

*Knowledge-related Outcomes of Community Participants Who Participated in Pathways to Wellness*

<b>Lesson topic</b>	<b>Reported increased knowledge (%)</b>
<b>Lesson 1</b>	<b>n=19</b>
Examples of social determinants of health	84
The influence social determinants of health have on my health	74
The influence social determinants of health have on the health potential of my community	84
<b>Lesson 2</b>	<b>n=23</b>
The influence family, friends, and social networks have on my health	83
The ways in which relationships affect the body, the brain, and behavior	78
Ways to nurture relationships that positively impact health and well-being	82
<b>Lesson 3</b>	<b>n=15a</b>
The term “built environment”	87
The ways in which health is influenced by access to nutritious food, crime and violence, environmental conditions, and quality housing	80
Why policy, system, and environmental changes have the greatest potential effect on health	67
Examples of policy, system, and environmental changes to make healthy choices easier and accessible in the community	67
<b>Lesson 4</b>	<b>n=19</b>
Examples of cultural factors that influence health	89
The ways in which health is affected by cultural influence on the concept of health, communication, social norms and values, and unfair treatment of certain groups	84