

Programs to Partnerships: A Brief Report on the Texas A&M AgriLife Extension Service Health*Talk* Express Program

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Abstract

Chronic diseases remain a pressing issue in Texas, where high rates of obesity, diabetes, and cardiovascular conditions challenge public health. The Texas A&M AgriLife Extension Service addresses health by translating research into practice at the community level through educational programming and resources created by Extension Specialists and delivered by Extension Agents. This Practice Brief Report describes the design and delivery of a simple, pre-prepared AgriLife Extension program that addresses chronic conditions by encouraging healthy eating and active living. The program, Health*Talk* Express, delivers short, science-based health presentations designed to inform and inspire behavior change. Included are 12 modules, offering presentations on topics like stress reduction, heart disease, diabetes prevention, and cancer screening. Innovative evaluation methods allow for streamlined data collection and real-time reporting. As of June 2025, the program reached over 2,000 adults in 43 Texas counties. Post-surveys showed significant improvements in participant knowledge (+1.1 on a 5-point scale) and strong intention to adopt healthier behaviors (average score = 4.3 on a 5-point scale). The program fosters strategic partnerships by connecting Extension Agents to local organizations like senior centers, schools, and worksites. Agents have commented that providing one-shot and short series programs like Health*Talk* Express provides a gateway to future programming. Also, its design enables delivery by trained Master Wellness Volunteers, expanding reach and freeing up Agents to engage in broader community-based solutions, like coalition-building. With continued development, Health*Talk* Express stands as a promising and scalable model for chronic disease prevention and partnership development within the Cooperative Extension system.

Keywords: Extension, Chronic disease prevention, Community, Partnerships

Chronic diseases like cancer, heart disease, and diabetes continue to plague over half of United States adults and are the leading causes of sickness and death (Centers for Disease Control and Prevention, 2024). The physical and mental toll of these diseases are compounded by annual health care costs of \$4.5 trillion. In Texas, heart disease is the leading cause of death with 5.2% of Texans experiencing this chronic condition and 3.1% having had a stroke (Texas Department of State Health Services, n.d.b.). Just as alarming, 12.7% of Texan adults have been diagnosed with diabetes (Texas Department of State Health Services, n.d.a.). These problems in Texas are exacerbated by high levels of obesity (35.7%) and low levels of physical activity (27.8%) (Texas Department of State Health Services, n.d.c.; America's Health Rankings, n.d.). Clearly, a need in Texas communities is helping our diverse and large population overcome these health hurdles.

The U.S. Cooperative Extension System

The U.S. Cooperative Extension (Extension) system has had a long history of addressing local need. While this century-old system may be more commonly known to help farmers and agriculture production, Extension included health promotion and chronic disease prevention as foci as far back as the mid-1900s, when chronic disease problems became more prevalent across the U.S. (Buys & Rennekamp, 2020). Since its inception in 1914, Extension's system of translating statewide university-led research into local-level practice through educational programming and skill-building has proven to be a successful model (Franz et al., 2015). Currently, there are approximately 2,900 Extension offices with reach in almost every county, borough, parish, and territory across the U.S. (Land Grant Impacts, n.d.). One strength of this dissemination system lies in the connections and partnerships of the workforce at the local level (Strayer et al., 2020; Holston et al., 2020).

The Texas A&M AgriLife Extension Service (AgriLife) is a Cooperative Extension agency housed within the Texas A&M University system that helps Texans thrive by providing educational programs, tools, and resources on a local and statewide level (Texas A&M AgriLife Extension, n.d.b.). AgriLife's expansive charge is to promote health, improve agriculture and food production, protect the environment, strengthen local economies, and engage youth. With 250 county offices serving Texans in all 254 counties, county Extension Agents (Agents) serve families, youth, communities and businesses throughout the state. Agents are professional educators employed by AgriLife to bring research-based information and programs to their local communities.

Subject matter specialists with advanced degrees within AgriLife at Texas A&M University conduct research and develop, evaluate, and provide training in evidence-based programming to be delivered at the county level by Agents or trained Master Wellness Volunteers (MWVs). The Family & Community Health Unit (FCH) within AgriLife aims to "improve the health and wellness of individuals, families, and communities in Texas, one healthy choice at a time" (Texas A&M AgriLife Extension Family and

Community Health, n.d.). FCH faculty—Extension Specialists—hold expertise in areas such as active living, aging, chronic disease prevention, and child development. FCH faculty provide subject matter expertise and program implementation support through monthly online or in-person professional development trainings to FCH-specific Agents and through annual training webinars to cohorts of MWVs. FCH supports a web-based platform called Howdy Health (howdyhealth.tamu.edu) that provides community access to programs and resources supporting health-related behaviors and collects participant demographic and health behavior information (Howdy Health, n.d.). The platform also generates real-time data files and aggregate reports for Agents and Specialists. This Practice Brief Report will describe the design, delivery, and partnership potential of a tried-and-true FCH program utilizing the FCH Howdy Health platform. The Texas A&M University Institutional Review Board determined that this research meets the criteria for exemption (IRB #2025-1146).

Method

HealthTalk Express is a collection of 30-minute or less health presentations aimed at preventing chronic disease that use a persuasive public speaking approach called Monroe's Motivated Sequence. Monroe's Motivated Sequence involves gaining the audience's attention, identifying a need, and energizing an audience to take action (Monroe & Ehninger, 1935). HealthTalk Express applies this framework by starting each presentation by sharing an individual's story and then presents the current statistics about a health topic and evidence for addressing the issue. Participants are encouraged to engage in discussion during the talk, and by the end of the presentation are offered steps for taking action to make positive behavior changes. Handouts are provided to aid in these action steps.

Context

The HealthTalk Express program was designed to be easy to prepare and simple to deliver, thereby increasing Agent reach across counties. The program was revamped by an FCH Specialist in 2022-2023 with updated health statistics, AgriLife-branded design, and streamlined evaluation methods using the Howdy Health platform. Because of this, program delivery results in this brief report only include data from January 2023 to June 2025.

Participants

Agents recruit and deliver the program (usually in person) to adults of all ages in the community by partnering with places like senior centers, worksites, hospitals, and government agencies. Often, HealthTalk Express is delivered in the form of a community lunch and learn session.

Program Structure

HealthTalk Express presentations can be delivered individually or in a short series program. Currently, there

are 12 HealthTalk Express modules developed on the following topics: cancer screening; diabetes prevention; understanding heart disease; reducing stress; older adult health; and life balance. Nine of the modules have been translated into Spanish. Agents have access to an AgriLife HealthTalk Express intranet page where they can download the science-based PowerPoint slides; a detailed instructor guide that includes a presenter script, references, handouts, a printable evaluation survey, and a sign-in sheet; and an editable promotional flyer.

Program Evaluation, Measures, and Feedback

Participants complete a brief evaluation survey after the presentation is complete. They can access the survey (housed at the Howdy Health platform) by scanning a QR code displayed on the last PowerPoint slide of each module. If participants prefer, they can fill out a printed version of the evaluation survey.

The evaluation first measures **knowledge change** by asking participants on 5-point scales how much they knew about the given topic before the presentation and how much they know after the presentation (from none to a great deal). The evaluation next measures **intention to change behavior** by asking participants on a 5-point scale a health-related action they will take in the future (specific to each module) (from strongly disagree to strongly agree). Additional measures include whether the participation **learned new information** (strongly disagree to strongly agree); whether they will **use the information** (strongly disagree to strongly agree); their evaluation of the **overall teaching** (very poor to excellent); their evaluation of the **speaker’s knowledge of the subject matter** (very poor to excellent); and their evaluation of the **value of the handout** (very poor to excellent). Finally, participants are asked to write comments or suggestions about the presentation and are prompted to provide demographic information on county, sex, race/ethnicity, age, and education.

The Specialist managing the HealthTalk Express program offered statewide online and in-person professional development trainings to Agents and MWVs between 2023 and 2025 to inform them about the redesigned program and to teach them how to implement using updated evaluation methods. Agents and MWVs were given opportunity to ask questions and provide feedback during these trainings.

Procedure and Analysis

Agents manually enter paper and pencil evaluation survey data in a fillable form on the HealthTalk Express intranet page. These data are combined with participant data that was collected electronically via the module QR code. Agents and Specialists can access program data instantly in a portal within the Howdy Health platform. They can filter the data by module, date, region, and county and generate CSV files and aggregate reports. Reports provide demographic data in counts and percentages and display knowledge, intention, and satisfaction measures in counts, percentages, and averages. Knowledge change is calculated by subtracting the average knowledge score before the presentation from the average knowledge score after the presentation. These aggregate reports are used to describe impact, show reach, and to satisfy state and federal grant requirements. Further analysis included paired t-tests to assess the significance of changes in participant knowledge.

Results

Program Reach and Impact

Between January 2023 and June 2025 HealthTalk Express has been implemented in 43 Texas counties—reaching 2026 adults. The average age of participants was 56, and 84.1% reported they were women. Almost 60% of participants were White (n=1187); 22% were Hispanic/Latino (n=450); 13% were Black (n=255); 3% were Asian (n=51); and 0.8% were American Indian/Alaskan Native (n=17). Twenty-six percent of participants have a Bachelor’s degree (n=527) and 23% reported having attended some college but with no degree (n=470), while 20% have a high school degree or less than a high school degree (n=412). Only 14% of participants hold an advanced degree (n=279). Table 1 results were pulled from the Howdy Health HealthTalk Express portal on June 11, 2025, and include data starting from January 1, 2023. Paired t-tests were conducted on pre- and post-knowledge items and show a statistically significant increase (+1.1) in participant knowledge on topics after having attended a presentation. Participants reported an average score of 4.3 (SD=1.5) on intention to take future action to improve health behaviors (5-point scale). Results also show high program satisfaction scores on the level of the teaching (average=4.8, SD=0.9), the speaker’s knowledge (average=4.8, SD=0.9), and the value of the handout (average=4.7, SD=1.1).

Table 1. HealthTalk Express Program Results, January 2023 – June 2025.

| Measure | Response | Count | Percent | Average (S.D.) | Difference |
|---------------------------|--------------|-------|---------|----------------|------------|
| Knowledge before the talk | A great deal | 352 | 17.4% | 3.3 (2.0) | *+1.1 |
| | Much | 454 | 22.4% | | |
| | Some | 732 | 36.1% | | |
| | A little | 395 | 19.5% | | |
| | None | 93 | 4.6% | | |
| Knowledge after the talk | A great deal | 1137 | 56.1% | 4.4 | |
| | Much | 608 | 30% | (1.5) | |

| | | | | |
|---------------------------------|-------------------|------|-------|--------------|
| | Some | 220 | 10.9% | |
| | A little | 52 | 2.6% | |
| | None | 9 | 0.4% | |
| Intention to take future action | Strongly agree | 944 | 46.6% | 4.3 (1.5) |
| | Agree | 822 | 40.6% | |
| | Undecided | 186 | 9.2% | |
| | Disagree | 29 | 1.4% | |
| | Strongly disagree | 45 | 2.2% | |
| Learned new information | Strongly agree | 1074 | 53% | 4.4 (1.4) |
| | Agree | 806 | 39.8% | |
| | Undecided | 69 | 3.4% | |
| | Disagree | 28 | 1.4% | |
| | Strongly disagree | 49 | 2.4% | |
| Intention to use information | Strongly agree | 1212 | 59.8% | 4.5 (1.2) |
| | Agree | 727 | 35.9% | |
| | Undecided | 40 | 2% | |
| | Disagree | 6 | 0.3% | |
| | Strongly disagree | 41 | 2% | |
| Rating of teaching | Excellent | 1599 | 78.9% | 4.8 (0.9) |
| | Good | 380 | 18.8% | |
| | Fair | 38 | 1.9% | |
| | Poor | 6 | 0.3% | |
| | Very poor | 0 | 0% | |
| Rating of speaker's knowledge | Excellent | 1656 | 81.7% | 4.8 (0.9) |
| | Good | 332 | 16.4% | |
| | Fair | 36 | 1.8% | |
| | Poor | 1 | 0% | |
| | Very poor | 0 | 0% | |
| Rating of handout value | Excellent | 1431 | 70.6% | 4.7 (1.1) |
| | Good | 518 | 25.6% | |
| | Fair | 64 | 3.2% | |
| | Poor | 5 | 0.2% | |
| | Very poor | 0 | 0% | |

*p<0.05.

Participant and Agent Feedback

Participant open-ended responses from the evaluation surveys indicated how the program increased not only their awareness of chronic diseases but also their power to make positive life changes. Select responses are shared below.

[The Presenter] is always open to questions.
[They] try to explain things in a way that we can relate that information to our everyday lives.
Power to Prevent Diabetes Presentation Participant

I liked the case study and up-to-date information.
STRESS LESS: Mind Matters Presentation Participant

[The Presenter] said amazing things that I didn't know and more when it comes to stress. I myself stress a lot no matter the situation. I really appreciate everything [they] said...
STRESS LESS: Mind Matters Presentation Participant

The information discussed today will motivate me to get moving!

Go-4-30: Take Action to Be Active Presentation Participant

I thought this session was wonderful. I've dealt with anxiety and depression and I've learned that being outdoors in nature (either at the beach...or hiking...) I always feel better. Find it my safe space and my anxiety and depression goes down.
Nurtured by Nature Presentation Participant

Feedback from Agents during meetings and professional development trainings revealed that implementing the HealthTalk Express program can be a gateway into new organizations and a great way to build partnerships in their communities. They also reported that since all of the preparation of the program is done for them, it is a program that can easily utilize time from AgriLife's Master Wellness Volunteers.

Discussion

HealthTalk Express is a successful AgriLife Extension program that holds promise in preventing chronic disease at

the county level in Texas. Post-survey data from 2023-2025 indicated that participants increased their knowledge and expressed intention to make behavior changes. Feedback from participants indicated that the presentations were informative and motivated them to take action. More modules are in development to cover topics like where to find health information, the importance of sleep, and sun safety.

An added benefit of delivering the *HealthTalk* Express program is fostering partnership development. Extension is a unique agency, and Agents offer a service in their communities like no other. Community stakeholders like school superintendents, business leaders, and government officials are often seeking support to address needs and promote health among their workforces. Agents report that stepping in to meet these local needs with science-based one-shot or short series health presentations can open a door to future health programming. The *HealthTalk* Express program could be a great starter program for early career Agents or those new to their counties and delivering it may result in new or strengthened partnerships and increased participation in other Extension programs.

Attaching the *HealthTalk* Express program to the Howdy Health platform has provided important real-time evaluation and instant feedback. This method has proved successful with other FCH programs like Walk Across Texas (Faries et al., 2019). Agents are required to report the outcomes of their programmatic work within Extension, and they can easily prepare aggregate reports using Howdy Health to complete this task. Allowing participants to complete a survey either by pencil and paper or by scanning a QR code with a mobile device has made this process of collected participant data much more streamlined and flexible. Aggregate reports could be used to present real-time health data back to stakeholders and to, again, address local needs and strengthen community partnerships. Real-time health data can also inform future programming needs.

The design of the *HealthTalk* Express program makes it simple to tap into the Extension volunteer workforce, thus increasing reach and freeing up Agent time in their communities. Having premade, science-based, PowerPoint slides with scripts and accompanying handouts requires minimal preparation. AgriLife's Master Wellness Volunteer program provides 40 hours of training to volunteers, equipping them to assist Agents in teaching, distributing information, and implementing programs (Texas A&M AgriLife Extension, n.d.a.). This training includes delivery of the *HealthTalk* Express program. With the support of MWVs, more presentations could be delivered in a given county. This would allow Agents to spend more of their time addressing higher level solutions like participating in community coalitions, developing important partnerships, and contributing to key decisions (Holston et al., 2020). More and more, Extension leadership is recognizing the role of Agents as community convenors and the importance of Extension having a "seat

at the table" in local decision-making (Buys & Rennekamp, 2020; Strayer et al., 2020).

Limitations of the Present Program

The *HealthTalk* Express program has the potential to reach even more counties and participants. AgriLife Extension Agents have autonomy in deciding which programs to implement in their counties, and only 43 counties (out of 250) are currently utilizing the program. Given the prevalence of chronic diseases across the state, more efforts are being made to educate Agents and to encourage them to consider delivering this easy-to-use program. The current program measures knowledge and intention to take action immediately after the program is delivered. A long-term follow-up is necessary to assess retention of knowledge and maintenance of healthy behaviors.

Conclusion

With continued development, *HealthTalk* Express stands as a promising and scalable model for chronic disease prevention and partnership development within the Cooperative Extension system.

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Conflict of interest statement

I have no conflicts of interest to disclose.

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