

FIELD EXPERIENCE REPORT: FORT RILEY DEPARTMENT OF PUBLIC HEALTH

by

DANIEL L. KURZ

B.S., Kansas State University, 2012

A FIELD EXPERIENCE REPORT

submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

Department of Kinesiology  
College of Human Ecology

KANSAS STATE UNIVERSITY  
Manhattan, Kansas

2015

Approved by:

Major Professor  
Brandon C. Irwin

# **Copyright**

DANIEL L. KURZ

2015

# Table of Contents

List of Figures .....	iii
Acknowledgements.....	iv
Dedication.....	v
Preface.....	vi
Chapter 1 - Field Experience Report .....	1
Overview.....	1
Fort Riley Department of Public Health Overview .....	1
Public Health Rotations .....	1
Public Health Accreditation Board .....	2
Purpose.....	2
Public Health Rotations .....	3
Fort Riley Department of Public Health Overview .....	3
Experiences During Rotations .....	6
Environmental Health.....	7
Wellness Center .....	7
Industrial Hygiene.....	7
Occupational Health.....	7
Hearing Program.....	8
Health Promotions Office .....	8
Public Health Nursing.....	8
Veterinary Services.....	8
Public Health Accreditation Board .....	9

Overview.....	9
The Accreditation Process .....	9
PHAB’s impact on Fort Riley’s Department of Public Health.....	11
Public Health Relevance.....	14
Overall Experience .....	15
Appendix A - Field Experience Figures .....	19

# List of Figures

Figure E.1 – 3 Core function and 10 Essential Health Services ..... 19

## Acknowledgements

First and foremost I would like to express my upmost gratitude to my major professor, Dr. Brandon Irwin. I am truly grateful for having the opportunity to have Dr. Irwin as my mentor. I was not the easiest student to manage, but through Dr. Irwin's guidance my thesis, degree, and development as a researcher were all made possible. Thank you for your patience, encouragement, and guidance over these past few years, without them none of this would be possible. Additionally, I would like to thank my other committee members Dr. David Dzewaltowski and Dr. Emily Mailey, who offered instrumental support in progress through this degree. I am truly fortunate to have been able to work with such a remarkable group during my time at Kansas State University. Additionally, I'd like to thank the MPH program staff, Barta Stevenson and Dr. Michael Cates. Without their help none of this would be possible.

Next, I would like to thank Dr. Patrice Chalin who designed the OurSpace application. Thanks to Dr. Chalin's effort in creating OurSpace the project was able to come to fruition. I also want to acknowledge my undergraduate assistants Chase Therkelsen, Morgan Shoemaker, and Brendan McCluskie whose work in data collection was irreplaceable. I'd like to like to also extend a special thanks to my colleague, lab mate, and good friend Nick Thompson. It would be impossible to list the amount of ways that Nick helped me throughout my time as a grad student. I couldn't imagine having to complete this degree without Nick there helping me through it. Thanks for keeping me sane Nick.

Finally, thank you to all my friends and family who supported me through this process. I wish I had more space to thank each of you individually, but know that your constant support, love, and encouragement mean everything to me, thank you for everything.

## **Dedication**

For the members of the Kansas State University Ultimate Frisbee clubs, who made my college experience infinitely richer.

## **Preface**

This field experience report is submitted in partial completion of the degree of Master of Public Health at the Kansas State University. The following report presents my public health field experience report. A separate document will report my Thesis research. The work conducted is, to the best of my knowledge, original except where references are provided.

This field report covers my public health field experience at the Fort Riley Department of Public Health [DPH]. The report will discuss the DPH divisions, rotations through those divisions, and DPH's recent application to become an accredited health department through the Public Health Accreditation Board. Observations of the current state of DPH and potential future direction are discussed.



# **Chapter 1 - Field Experience Report**

## **Overview**

### ***Fort Riley Department of Public Health Overview***

The health and wellbeing of soldiers and their families stationed at any United States Army base is the primary focus and mission of the Army Public Health Command (APHC). To better protect and promote health, the APHC focuses on preventing a wide variety of health risks by regularly monitoring and reacting to infectious diseases through screenings and vaccinations, evaluating environments for potential toxins or hazards, monitoring the mental health of soldiers and sanctioning programs where needed, as well as facilitating dozens of other projects focusing on both reactive and preventative health measures. To accomplish this mission the APHC relies on smaller local Public Health organizations at individual Army Installations, such as Fort Riley's department of public health [DPH] lead by Col. Paul Benne, MD, which will be the focus of this portion of this report.

### ***Public Health Rotations***

Fort Riley's DPH is divided into various subgroups that specialize in different aspects of public health. These subgroups are Environmental Health [EH], the Army Wellness Center [AWC], Industrial Hygiene [IH], Occupational Health [OH], the Army Hearing Program [AHP], the Health Promotions Officers [HPO], and Public Health Nursing [PHN]. Additionally, Veterinary Services, although separate from the DPH, works together with the DPH divisions. In this regard and for the sake of this report veterinary services will be considered a division within the DPH. The majority of my field experience was spent performing rotations through these

divisions of the DPH. This section of the report will give a background and outline my experiences with each division.

### ***Public Health Accreditation Board***

During my rotations, the DPH was in the process of becoming an accredited public health department through the Public Health Accreditation Board [PHAB]. PHAB is a national system for ensuring the accountability and quality of public health departments. PHAB has already accredited many state, local, and tribal health departments across the United States, with 121 million USA citizens or 39% of the population living in an area covered by an accredited department [1]. Accreditation serves as an affirmation that a health department is practicing effective methods to improve the health of their community and is able to maintain these methods over time. According to PHAB "...To receive accreditation, a health department must undergo a rigorous, multi-faceted, peer-reviewed assessment process to ensure it meets or exceeds a set of public health quality standards and measures..."[1]. Being able to observe and participate in the accreditation process allowed me a unique and interesting opportunity to see how the accreditation process can affect the inner workings of a health department. This section of the paper will outline the PHAB accreditation process and my observations of how it affected the Fort Riley DPH's ability to deliver the three core functions and the ten essential services of public health.

### ***Purpose***

This report is focused on the happenings of my field experience at the Fort Riley's DPH. The purpose of this paper is two-fold. First, I will describe the divisions of the DPH and outline my experiences from the rotations through them. Second, I will evaluate the PHAB accreditation

process and its impact on the DPH. I will conclude with the significance of my accrued experiences and how they relate to the public health.

## **Public Health Rotations**

### ***Fort Riley Department of Public Health Overview***

Fort Riley's DPH is composed of several divisions: Environmental Health, Army Wellness Center, Industrial Hygiene, Occupational Health, Army Hearing Program, Health Promotions Officer, Public Health Nursing, and Veterinary Services. Although each division has its own core set of responsibilities, together they make up the core entity in charge of the public health services offered Fort Riley. The primary responsibilities and services of each division are described below.

One of the largest and sub-groups is EH, who has a wide range of responsibilities that aim to protect the public's health from natural and unnatural environmental dangers. For example, one of their primary responsibilities is to conduct a food safety inspection on any establishment that handles or prepares foods such as restaurants, dining facilities, and supermarkets. These inspections are conducted monthly to ensure all food handlers are properly storing, preparing, and serving food in a clean and safe environment, thus decreasing foodborne illnesses. Another responsibility of EH is to regularly check and help treat the water supply at Fort Riley. Water inspections can range from checking the tap water for chlorine and bacterial levels to inspecting local ponds for E. Coli to determine if they are safe for swimming/fishing. EH also conducts insect surveillances to capture and identify insects (e.g. ticks, mosquitoes, fleas) that may vector diseases. Areas with dense insect populations can then have an insecticide sweep to reduce the threat of zoonotic diseases, if needed. Another responsibility of EH is to

inspect to the local hospitals, doctor's offices, and pharmacies ensure that all medical and hazardous waste products are being properly disposed. This initiative helps to prevent accidental needle sticks and blood contaminations.

The AWC is a relatively new division to APHC with only a few Army bases across the nation having an AWC. The AWC provides free one-on-one behavioral health counseling services for army personnel and their families. Typically this involves patients receiving a BodPod scan to determine their estimated body fat %, followed by a resting metabolic assessment to determine basal metabolic rates, and finally a YMCA fitness test (i.e. body composition, submax VO<sub>2</sub>, flexibility, grip strength, and upper body strength) to determine current fitness levels. After these initial tests the AWC staff helps the patients create a few health-based S.M.A.R.T. goals (Specific, Measurable, Attainable, Relevant, Time-oriented) that can be integrated into their lives, such as taking 10,000 steps 5-days a week, or increasing fruit and vegetable consumption by 3 servings per week. In addition to setting goals, strategies to achieve those goals are discussed with patients to help ensure they feel competent in their ability to change their behaviors. Since this is a free service, patients are encouraged to return frequently to track their changes in body fat % and general fitness over time. In addition to the one-on-one counseling the AWC also offers stress management and smoking cessation courses for the Fort Riley community.

IH is another multi-faceted division of DPH, which works in many ways to protect the health of the Fort Riley community. One of their primary responsibilities is to inspect the industrial factories (e.g. Motor pool, Tank repair) to ensure that all industrial toxins are properly stored and disposed of to prevent unnecessary exposure or contaminations. IH also inspects all local building's indoor air quality to insure they meet the appropriate levels of mold, bacteria,

and CO<sub>2</sub> levels. Other public health initiatives IH takes on are office ergonomics, Tuberculosis mask fitting/testing, and they work in tandem with AHP to monitor the sound decibel levels of various worksites at Fort Riley to mitigate hearing loss.

OH monitors the health of individual civilian employees at Fort Riley. All employees are required to perform a pre-employment physical through OH that evaluates their sight, hearing, weight, pulmonary system, cardiovascular system, and provides vaccinations when applicable. Depending on their job, some civilians are retested annually while others are only retested following an event that may affect work performance (e.g. exposure to hazardous toxins, injury, and illness). By having regular physical assessments OH hopes to reduce work related injuries and return injured workers to their job as soon as possible.

The Hearing Program is an initiative designed to monitor and protect the hearing of military and civilian personnel at Fort Riley. All individuals who are or may be exposed to noise levels of at least 120 dBs (the level where immediate hearing loss occurs) at any point in time or 85 dBs for an extended period of time are automatically enrolled in the Fort Riley Hearing Program. Due to the potential of firearm use, all soldiers are automatically enrolled in the program when they are stationed at Fort Riley. Once enrolled, participants are fitted for and given a free pair of noise reducing earplugs. Hearing tests are performed annually to track potential hearing losses and to educate participants on the importance of hearing protection.

HPO is primarily concerned with the assessment and tracking of behavioral and mental health patterns of the soldiers stationed at Fort Riley. HPO can create a unit-targeted intervention that selects specific units to participate based on their own data collected from the brigades. Additionally, HPO creates and distributes health information to the Fort Riley community, often through social media.

PHN also has a broad range of responsibilities and duties within DPH. PHN is responsible for the tracking and reporting of diseases in the area through the Disease Reporting System-Internet (DRSi) and alerting the public and hospital if any potential outbreaks are detected. Additionally, PHN offers counseling services for tobacco cessation and STD prevention/treatment. PHN also actively engages in the community by hosting an annual health fair which spreads knowledge and awareness about health and the health resources at Fort Riley. Other roles of the PHN division include: improving the health-based policies within the community (e.g. smoking policies, underage drinking prevention), sanitation inspections of child development centers, and provide basic disease screenings for individuals.

VS is not strictly a division of the DPH, however they do work in tandem with the divisions of DPH. While VS has their primary objective of preventing and treating illness and injury of the animal inhabitants of Fort Riley, they also have a secondary objective of aiding the human population. Some examples of how VS actively aids the human population at Fort Riley is by aiding EH in conducting monthly evaluations of any facility that stores or prepares food (e.g. supermarkets, daycares, restaurants) to ensure proper storage/handling of food, preventing foodborne illnesses. In addition, veterinary services collects ticks and fleas, found on their animal patients, to send to EH to identify any vectored diseases that may be harmful to either animals or humans. Additionally, when necessary, VS aids in the identification and monitoring of zoonotic diseases in both humans and animals.

### ***Experiences During Rotations***

One of the main objectives of my field experience was to complete rotations with each division within the Department of Public Health. The activities and projects I completed with each division are listed below.

### ***Environmental Health***

- Conducted two food service safety and sanitation inspections.
- Water Quality Surveillance:
  - Introduced to water quality codes, laws, and regulations.
  - Collected, transported, processed, and analyzed water samples.
- Collected, identified, and shipped mosquitoes and ticks for vector surveillance.
- Hospital Waste Management:
  - Introduced to waste management codes, laws, and regulations.
  - Observed a medical and hazardous waste inspection.
- Observed a child development center sanitation inspection.

### ***Wellness Center***

- Observed three physical fitness exercise tests.
- Observed three metabolic and body composition tests.
- Observed three fitness and nutritional counseling sessions.
- Observed one stress management course
- Observed one tobacco cessation course

### ***Industrial Hygiene***

- Educated on the basic principles of Industrial Hygiene including ventilation, noise exposure and protection, air contaminants, asbestos, lead, hazardous materials, and respiratory protection.
- Conducted an indoor air quality and ventilation investigation
- Calibrated, tested and used noise dosimeters to conduct a worksite noise level assessment
- Conducted an office ergonomics assessment and provided solutions
- Observed two Tuberculosis mask fitting/testing

### ***Occupational Health***

- Observed pre-employment physical exams.
  - Physical included: Hearing test, spirometry test, vision screening, immunization check, tuberculosis screening, and vital checks.
- Educated on various occupational health programs such as:

- Medical surveillance examinations and screenings, blood borne pathogens, hearing conservation, vision conservation, occupational health and injury prevention and mitigation, and work related immunizations.

### ***Hearing Program***

- Introduced to Army hearing regulations (i.e. 29CFR1910.95) and Fort Riley Hearing Program policies.
- Understood the key aspects of the hearing program: noise abatement, audiometric monitoring, and hearing protectors.
- Understood the procedures of Fort Riley's hearing program: hearing readiness, hearing conservation, and available clinical hearing services.

### ***Health Promotions Office***

- Understood the core practices of the health promotions office to be:
  - Army CAMPLAN2020, Ready and Resilient, CHPC process, Performance Triad, SLRRT's, CSF2, and Suicide Prevention.

### ***Public Health Nursing***

- Conducted two on-site daycare inspections involving record reviews, classroom walk-through, review of special needs binder, and documentation of findings.
- Understood disease surveillance and prevention by completing three DRSi reports, one State of Kansas report, and investigated one case of a communicable disease.
- Attended one meeting with community partners to negotiate the Irwin Community Hospital's on-campus smoking policy changes.
- Observed an STD counseling session covering awareness, treatment and prevention.

### ***Veterinary Services***

- Conducted one food sanitation inspection at local supermarket and one in a child development center.



- Understood the role in animal preventative medicine as identification and evaluation of zoonotic diseases, treatment and management of disease in the animal population, and removal and collection of ticks/fleas to analyze for vectored diseases.

## ***Public Health Accreditation Board***

### ***Overview***

As mentioned above PHAB is a national governing body that accredits public health departments across the United States. By becoming an accredited public health department the Fort Riley DPH stands to improve the overall quality of services they offer, improve their data tracking methods, improve their communication both internally and with the community, and raise the standards of care for other military health departments. The process to becoming accredited is an arduous task that can take several years to complete. To be accredited a health department must complete PHAB's seven step accreditation process, these steps include 1) Pre-application, 2) application, 3) documentation, selection, and submission, 4) Site Visit, 5) Accreditation Decision, 6) Reports, and 7) Reaccreditation. During my rotations I had the opportunity to observe and interview a lot of the DPH staff regarding how the PHAB accreditation process has affected how they serve their population. The accreditation process and my observations are discussed below.

### ***The Accreditation Process***

As mentioned above the accreditation process is a lengthy process that requires a great deal of work to be completed. Each step of the accreditation process is highlighted above, the following is an overview of each step.

Pre-application helps health departments determine if they are ready to begin the application process by offering a readiness checklist and online orientation material. If a health department feels they are ready and able to complete the accreditation process then they may submit a Statement of Intent, which will identify that health department as a potential applicant for accreditation. Six months after the Statement of Intent is received PHAB will grant the health department access to the online application, initiating the second step, application. In this step health departments will submit an official application along with three documents: a community health assessment, a community health improvement plan, and a department strategic plan. Based on these materials PHAB will either accept or reject the applicant. Accepted applicants then send a representative to complete accreditation training, which prepares them for the following accreditation process. After the training is complete the application step is concluded and the department moves to the third and most important step, documentation selection and submission.

The documentation selection and submission stage mandates that applicants submit documented evidence that of their efforts as a health department meet PHAB's accreditation Standards and Measures. The Standards and Measures cover 12 domains; the first 10 are directly related to the 10 essential public health services (*listed below*) [2] and the last two relate to the administrative procedures of the health department. Each domain has a set number of standards that must, there are 32 standards in total. To fulfill a standard, documentation must be submitted that fulfills 1-4 sub-standards. Typically, each sub-standard requires 1-2 pieces of documented evidence, dated within the past 1-5 years to be fulfilled.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Following the submission of the necessary documents PHAB performs a completeness review and the next step, a Site Visit, begins. During the site visit the PHAB visitors conduct a full formal evaluation of the health department and review all documentation provided in the third step. Based on the site visit results the fifth step, accreditation decision, can have one of two outcomes: accredited or not accredited. Sites that are not accredited may file an appeal demonstrating the changes they have made since their site visit. Accredited sites will begin step six, reports, where they are required to regularly up-date PHAB on any departmental changes that are made. Finally, after 5 years, the health department's accreditation expires and a health department must re-apply for accreditation, which is the seventh and final step of accreditation.

### ***PHAB's impact on Fort Riley's Department of Public Health***

Many health departments have reported that simply going through the process of becoming accredited improved their overall performance [3]. This is primarily due to the accreditation process providing an opportunity for health departments to systematically assess

their efforts and identify potential shortcomings and failures within their own practices. Fort Riley's Department of Public Health is no different in this regard. Even during my short 3 months of rotations I was able to see changes within each division to better serve their community. During my rotations the DPH was still in the process of completing step 3, documentation selection and submission.

The first change that occurred at DPH occurred a few months before I started my rotation, having a community assessment done. Typically, DPH receives information about the Fort Riley community by monitoring health records from the local hospital, however these records only show the health status of a small percent of the Fort community. By doing a community assessment DPH was able to learn some valuable information about the Fort Riley community that they were unaware of before. For example, DPH learned that when asked an open ended question about what should be added to Fort Riley, a large portion of people wrote in that they would like to have access to a farmer's market on post. Additionally, they learned that military spouses often experience significantly higher degrees of stress than would be expected for other spouses their age.

Although the findings of the community assessment may seem small on the surface, their implications hold great value. For example, prior to the community assessment the only estimate DPH had on stress levels within the community was based on the amount of medication being prescribed through the hospital. This estimate only accounts for individuals seeking treatment and can't be traced to any specific demographic. The community health assessment was able to help fill this gap in information. Now, utilizing the information regarding stress in military spouse, DPH has started promoting their stress management course through the AWC and are trying to incorporate more proactive measures to mitigate stress in military families. The PHAB

required community health assessment allowed for new preventative health measures to be taken based on the state of the community, instead of reacting to the perceived issues among the community. Additionally, in a few years another community assessment can be done to see if the established preventative measures have had an effect on the community and adjust their programs accordingly.

Another major change I observed was the focus put on covering the ten essential public health services. To some degree all ten essential services were already being met by DPH, but prior to the accreditation process many divisions focused on only a few of the services and not the full array. After the accreditation process start many divisions were ensuring that each member of their division understood all of the services and how to utilize them. For example, I was able to observe delegations between DPH and hospital union members to place a new policy into effect that would place stricter smoking regulations on the hospital's campus. At the time smoking was allowed 30 feet from hospital entrances at the designated area. Under the new policy all smoking on the campus would be prohibited. The creation and enforcement of this new policy was a direct application of the fifth and sixth public health service by PHN and DPH administration.

In sum, during my short time spent in rotations I was able to observe many projects generated as a means to meet the Standards and Measures of PHAB. Overall, the accreditation processes has had a positive impact on the DPH so far. With further guidance from PHAB during the site visit and by continuing to react to the needs of the community, I expect the Fort Riley's DPH to continue improving their impact on the community in the future.

## Public Health Relevance

Doing my field experience at Fort Riley's DPH allowed me to be exposed to a wide range of public health applications that overlapped with many the core public health courses from the Master's of Public Health program. For example, while with IH, I aided in the inspection of multiple factories for proper hazardous chemical storage and adequate ventilation in exposure areas, which allowed me to use my knowledge from my Toxicology course to identify if a chemical, was a potential threat or not based on their NOAEL/LOAELs. Another example of this is how when working with PHN to track infectious diseases in the area I was able to apply the knowledge and skills I learned in the Epidemiology course to help me to identify if disease incidences were potential outbreaks. On many occasions the course work I completed was able to overlap with my experiences with DPH.

In addition to being able to apply course work I was also exposed to each of the 3 core functions (Assessment, Policy Development, and Assurance) and 10 essential services of public health (see *figure A.1*). With APH, IH, HPO, and EH I was able to go out into the community and assess the health needs of the population, occasionally providing onsite solutions. With APH, AWC, OH, and AHP I was able to provide health education on a variety of topics such as sexually transmitted diseases prevention, physical activity recommendations, and hearing protection. I was also able to witness delegations for the introduction of a new smoking policy at the Irwin Community Hospital and was allowed to review the policy changes being made. Finally, the majority of DPH divisions provided some reactive and/or preventative measure to directly improve the health of the Fort Riley population.

Finally, my experiences with the PHAB accreditation process showed me how the 10 essential public health services must work together to produce an effective change within a

community. A health department that focuses on impacting only a few of the public health services is not capable of adequately serving their community's needs. Producing meaningful changes requires a systematic approach that assesses the needs of the community, reacts to those needs by making changes to ecology of the community, ensures that the changes are sustainable, and continuously monitors the changing needs of the community and react accordingly. However, with that in mind, simply creating health change initiatives is not enough. Each step of this process should be informed by research to help ensure the right information is being gathered and an effective treatment option is used.

### **Overall Experience**

My experiences at Fort Riley's DPH were largely positive. The staff was highly qualified within their respective fields and was eager to share their knowledge with me. The DPH staff proved to be incredibly accommodating to me. I was constantly informed of various projects occurring across the DPH and allowed to arrange my schedule to best suit my public health interests. Additionally, I was able to meet with the leaders of each division allowing me the opportunity to gain valuable insights of each public health field. Overall, I value the knowledge and experience I gained from Fort Riley as highly as any course I've taken throughout my educational career.

Having the opportunity to shadow various divisions of the DPH allowed me to gain an insight of public health that was outside of my previous understanding. Although my course work gave me a good basic understanding of fields like epidemiology, toxicology, and healthcare administration, with DPH I was able to apply my knowledge to a real world setting while being given the chance to learn new skills. For example, with PHN instead of simply reviewing the basics of disease tracking, I was taught to use a computer program to track and report diseases

(e.g. DRSI) helping me to gain experience in a skill that without my field experience would not have been possible. Additionally, without this field experience I would have never been introduced to many public health practices such as mosquito/tick capturing and identification techniques, how to conduct hearing tests and interpretation of the results, how veterinary services can be used to help prevent the spread of zoonotic diseases, or how to test water quality.

One of the best experiences I took away from my field experience at the Fort Riley DPH was the application of many theoretical concepts being applied in the field. One example of this was PHN using motivational interviewing to influence smoking cessation. Although I have learned about motivational interviewing on multiple occasions this was my first time actually witnessing it being done in person. Another example of this was the use of the Trans-theoretical Model [TTM] by the AWC to gauge how ready their clients are to change their behavior. Each client was assessed according to the stages of the TTM and had their counseling sessions based on the stage they were in. Finally, Col. Benne and I often discussed the Social ecology of Fort Riley and how the initiatives the DPH plans can affect multiple levels of their ecology.

Despite my highly positive experience, it would be unfair to say the DPH is a perfect system. Like most health departments they have room for improvement, but they also face a challenge that is unique to military departments of public health, higher command. The higher command at Fort Riley must approve all health programs that will directly affect their troops. This means that even with well-researched and informed practices being proposed, any program can be altered or stopped by the higher command if they see it as inconsistent with their model of how soldiers should be. One example of this I encountered was with HPO. One of HPO's primary goals for their 2020 plan is to reduce the number of mental health issues (e.g. depression, anxiety, and suicide). HPO's internal research shows that the soldiers with a



decreased sense of autonomy are at a greater risk of developing mental illnesses. However they are reluctant to initiate a program that would promote autonomy among the troops as the notion was unlikely to make it through a higher command. This suggests that some health programs are not developed based on researched effective methods, but rather what the higher command is most likely to approve. Despite this setback DPH has done a great job utilizing its resources to promote health as effectively as possible.

## References

1. PHAB. (Aug 2015). Four more public health departments awarded national accreditation by the public health accreditation board. *Public Health Accreditation Board*, pp. 1-2.
2. Centers for Disease Control and Prevention (CDC). 2010. 10 essential public health services. Retrieved 27 March 2013 from: <http://www.cdc.gov/nphsp/essentialservices.html>
3. PHAB. (2015). What are the benefits of national public health department accreditation?. Retrieved from <http://www.phaboard.org/accreditation-overview/what-are-the-benefits/>

## Appendix A - Field Experience Figures

*Figure A.1 – 3 Core function and 10 Essential Health Services*

