

Master of Public Health
Applied Practice Experience

by

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MASTER OF PUBLIC HEALTH

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Chapter 1 - Portfolio Products

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Saline County Health Department in Salina (SCHD), KS is a unified City/County Health Department of a medium sized town in central Kansas. Saline County is home to 55,000 people, 47,000 of whom live in the county's largest town and county seat, Salina. Salina's demographic makeup places it in a typical bracket of Kansas counties, with very low racial diversity (<5% of each African American, Asian, American Indian and Native Alaskan or Pacific Islander), moderate representation of ethnically Hispanic individuals (11.4%) and an overwhelming majority of white individuals (90.2%). Up to 25% of Saline County can be classified as rural, and with medical and civic services centered around Salina's downtown, challenges arise from the geographical dispersion of human services throughout town and county. SCHD is a moderately sized health department with 35 employees with 27 unique roles to play for county health. SCHD operates both as an administrative complex for child care licensing and emergency preparedness, as well as the site for the county's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a health clinic, home health, and maternal and child services including a Maternal & Child Health (MCH) Home Visitor program, Maternal & Infant (M&I) program, Kansas Special Health Care Needs (SHCN) program, and Becoming a Mom educational program. Salina maintains direct health services that shape its ability to take community spanning action through health policies and community programs. SCHD's mission consists of managing community health through direct intervention, with educational and care programs available to pregnant women and children as well as the elderly.

As part of the internship experience, I worked on a community resource map that encompassed community health care providers known to the State of Kansas, as well as community social service providers, such as food pantries, food banks, mental health care facilities and local support groups, such as churches, special interest groups and alliances for increased social and occupational access. The goal behind a curated resource map was to understand how many services are available to Salina residents,

understand their geospatial distribution within the city, and leverage this information into future projects surrounding comprehensive organization and action towards common community health goals in Salina.

The community health promotion programs in Salina have focused on strategic partnerships with larger actors within the community, such as United Way or Catholic Churches, both of whom have their own processes and priorities when it comes to community health promotion. Efforts to create comprehensive programs for community health intervention that utilize smaller non-profit organizations, congregations and service providers have not been successful.

To create the health resource data base, I compiled information available from a provider map created as part of SCHED's deployment of the Integrated Referral and Intake System (IRIS) that encompassed 52 community service providers ranging from large resource directories such as United way to small child care providers. Working outward from this list I created categories of providers types that fit the community service and health profile of Salina, and with input from my APE preceptor developed a list of categories (Appendix A) which were implemented in an Excel spreadsheet to ensure compatibility with the county's GIS mapping software. In order to ensure that the resource database would function as designed, I was in correspondence with the GIS office of the city of Salina. Following the development of these service categories, I set to create an exhaustive list of service providers, collecting basic contact information and service hours I the process. An excerpt of the collected data can be found in Appendix B. Service provider information include telephone number, address, website, operating hours, notes on services, such as restrictions or additional locations, as well as the type of service provided, as well as longitude and latitude data. Longitude and latitude data were instrumental to the implementation of the second product: a visual representation of the health resource data base. Maps and graphic s are very important tool in information dissemination as they are printable, allow individuals to see their immediate vicinity, and reduce the amount of time spent looking for services in range of the individual's means of transportation. The resource categories established for the health resource database are able to be used as filters onto a GIS map. The health resource map was not ready to be viewed in GIS, so to present products a mock-up was created

using Google MyMaps web-based cartography services. Tables 1.1 and 1.2 show APE products and competencies addressed in this report. Competencies are elaborated upon further in chapter 2.

Table 1.1 Summary of Portfolio Products

Portfolio Product		Description
1	Community Health Resource List	Excel document of compiled community service providers and possible allies in promoting wellness throughout the Salina area.
2	Community Health Resource Map	Census tract-based map of Salina, with coloration indicating USDA food desert designation and icons representing health service providers, grocery stores and community centers.

Table 1.2 Portfolio Products and Competency Addressed

Portfolio Product		Number and Competency Addressed	
1	Community Health Resource List	2	Select quantitative and qualitative data collection methods appropriate for a given public health context
2	Community Health Resource Map	3	Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
2	Community Health Resource Map	6	Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
2	Community Health Resource Map	7	Assess population needs, assets and capacities that affect communities' health
1	Community Health Resource List	21	Perform effectively on interprofessional teams

Chapter 2 - Competencies

Competency: Select quantitative and qualitative data collection methods appropriate for a given public health context

With guidance of my internship preceptor, I surveyed community health, medical and civil service providers to identify relevant stakeholders and influencers relevant to understanding the distribution of community health resources in Salina. The role of quantitative and qualitative data collection techniques encompasses the critical analysis of individual organizations and the utilization of internet search engines and databases, as well as the successful analysis of online information and determination of efficient and streamlined processes for data acquisition. The problem of understanding the locations, service offerings and conditions of community health resources called for a comprehensive overview of selected resources, which were then coded into service and population categories using a priori coding method. The selection of data collection procedures described above as well as the design, coding and verification of data entered in the community health database were my responsibility. Decisions were discussed with the preceptor; significant latitude was given to me regarding the implementation of database requirements. These requirements included GIS compatibility and focus on population-specific service offerings, i.e. the ability to select services by their target population/demographic (“homeless”, “unemployed”, etc.)

Competency: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate

Technology is a crucial component of modern local health department functioning. As part of the curation of the resource list, and more importantly, the creation of the resource map I utilized various technologies applicable to public health contexts. Modern public health 3.0 ideas revolve around the connectivity and accessibility of public health information to the public via internet connected services. In order to support data-driven decision making in rural public health, I used GIS, Google MyMaps, which is a free-to-use mapping software with a browser interface and support for shapefiles and object layers based on the Google Maps database, as well as Google Earth Pro, a stand-alone application for shapefile conversion and display, Adobe

Acrobat Pro DC to import paper documents and apply handwriting and text recognition tools to speed up the data entry and analysis processes required for the community health resource database. Finally, I used TIGER shapefiles provided by the US Census bureau, as well as data from the behavioral risk factor surveillance system (BRFSS) to add context to the community health resource map. Appendix D shows a preview of detail added to health resource map in an effort to lend detail for administrators to make context-rich decisions about health barriers and population properties in a given census tract.

Competency: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

One of the central components of the project revolved around understanding the socio-economic and geo-spatial challenges ingrained in the built environment of Salina. Census tract data and information from Live Well Saline County's Food Systems Assessment were used to lend context to the disparities in town. The resulting context allows for critical consideration of the placement of community resources and the likely barriers that at-risk communities face. These barriers may consist of access to medical care, food, faith services, physical activity, etc. The United States Department of Agriculture has designated three of ten census tracts in Salina as food deserts. Food deserts are defined as "areas where people have limited access to a variety of healthy and affordable food" (Dutko, Ver Ploeg, & Farrigan, 2012) This means residents encounter environmental and social barriers that prevent easy food store access. Barriers to food access include lack of environmental support, such as sidewalks, crosswalks and other pedestrian infrastructure. They may also refer to the lack of personal transportation, household mobility an income challenges, or the affordability of food products relative to household income. Appendix D shows an example of intersecting risk factors for populations living in food deserts. Individuals living in food deserts may face other barriers associated with their census tract or social class that contribute to their subjective experience of living in a food desert.

Competency: Assess population needs, assets and capacities that affect communities' health

The purpose of the resource map was to identify populations with additional risk factors related to health resource access, and to tailor public health efforts towards overcoming the issues. While the internship concluded before the implementation phase of the project, every effort was made to ensure the resulting database would be compatible with the systems available to the city of Salina. The data set was designed to easily be imported into GIS map as used by county surveyors and emergency preparedness personnel; in case it became necessary for the health department to act as a hub for community health care. In map form the database will be able to convey location information to viewers. To compile the health resource database, I conducted a survey of health service providers. A sample of the data collected as part of this activity can be found in Appendix B. The resource database included basic information about the services, populations and operating hours of the providers, and went so far as to include detailed notes on the types of populations, alternative locations and specific items/services rendered. Appendix C shows a mockup of the final map as it may be viewed by county workers or the public upon implementation. Shown are health care providers in red, social service providers in yellow and faith services in green. The inequal distribution of services across the city, with some lower income neighborhoods with distance and transportation-related barriers to access, there is cause for concern with the resiliency of Salina community health beyond covering minimal needs.

Competency: Perform effectively on interprofessional teams

I attended a variety of meetings as part of the internship in interdisciplinary context, including meetings with Livewell Saline County, the Kansas Association of Local Health Departments, internal staff and regional group meetings at SCHED and the State Medicaid advisory group. These interdisciplinary meetings, comprising of many different actors and stakeholders in their respective interest fields, as well as the diverse collection of competencies and agendas made for a crucially enlightening learning experience, expanding on information from coursework the applicant had completed, specifically MPH 720 and 818, but also AAI 801. MPH coursework was instrumental in

preparing me for the tasks and responsibilities of the APE. AAI 801, which I took concurrently with my APE, deals specifically with the processes and specific pitfalls of working with individuals from diverse professional backgrounds.

Livewell Saline county is an interdisciplinary advisory group that acts as a medium for health education and health information between Tammy Walker Cancer Center, the local hospital, and the health department. Livewell organizes public and professional facing conferences and events that aim to educate about community health issues. During the quarterly meeting that I attended, the agenda included discussions around the effectiveness of past years education conference and comments relating to the keynote speaker and content offered. I was able to contribute public health and physical activity specific knowledge when I was asked for input on design and content decisions, as well as how to market next year's conference to the residents.

I attended two meetings with the Kansas Association of Local Health Departments (KALHD). KALHD is the official state advocacy organization for local health departments, and fulfills multiple role in legislative lobbying, fiscal bargaining and representation of concerns for the 105 local health departments in Kansas. The first meeting I attended was the 3-day mid-year meeting held in Wichita. Next to informational sessions (keynote speaker was a food safety inspector from the Kansas Department of Agriculture), quality improvement workshops provided by Wichita State University, and educational sessions about adverse childhood experiences (ACEs), the meeting included administrative processes for KALHD itself. I participated in the meetings by offering insights from my recent experiences working with the public health advisory council in Riley County, and my experience in living in the community and using health systems that were being discussed in the meeting. I added my expertise in physical activity promotion programs in a discussion about the need for physical activity promotion across the spectrum of rurality. Because of the nature of Kansas public health, counties often face disparities in hiring and retaining qualified public health professional. Education requirements for health department directors rang from high school to PhD, and the results are that counties have differently qualified and effective public health administration to identify needs. Public health directors may also come from accounting or administrative backgrounds in other fields, and not necessarily bring

the know-how ideally needed for effective direction. This means that there are not only interdisciplinary collaborations occurring in health departments every day, but administrative processes and meetings like KALHD's are by definition interdisciplinary. The second meeting I attended with KALHD was the quarterly meeting that revolved around legislative decisions and the future direction of KALHD within the state. Discussed were the motto and mission of KALHD in a changing state public health landscape and strategy, as well as financial reporting and challenges with health promotion. In discussions surrounding the role of public health and state level strategy I used knowledge from the MPH curriculum, specifically from MPH 818, which included health disparities across age, race, income and rurality groups, to make a case for an inclusive and integrated public health approach.

The state Medicaid group meeting was held in Topeka and is a regular meeting of state and local health officials with the aim of discussing issues for health access and health services distribution in Kansas. The group is comprised of public health administrators, experts, staff and state health officials who bring together different levels of expertise and views on the delivery of public health programs. Also present were staff from Wichita State University who work with the state and local levels to improve delivery of health care. They presented a new website that intends to bridge the gap between the public and local public health departments and create awareness of public health infrastructure. As part of their demonstration, provided feedback about possible additions to the map as part of the health resource project, and reviews of the map and website's usability.

Table 2.1 Summary of MPH Foundational Competencies

Number and Competency		Description
2	Select quantitative and qualitative data collection methods appropriate for a given public health context	Utilized health department resources to identify stakeholders suitable for inclusion in the map, and designated professions and spheres of influence relevant to community health
3	Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	Utilized GIS, Google Earth Pro and SPSS to understand health department operations throughout Kansas, and the distribution of services within Saline County
6	Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	Applied ideas from social determinants of health to issues of access for health and civic services within the Salina area, revolving around issues of food and mental health access, substance abuse treatment.
7	Assess population needs, assets and capacities that affect communities' health	Utilized community health connections of health department, state and regional local health department contact points to understand requirements and needs of community health providers
21	Perform effectively on interprofessional teams	Utilized health department resources and contacts to identify possible collaborators for future health department projects.

Table 2.2 MPH Foundational Competencies Course Mapping

22 Public Health Foundational Competencies Course Mapping	MP H 701	MP H 720	MP H 754	MP H 802	MP H 818
Evidence-based Approaches to Public Health					
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	x		x		
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	x	x	x		
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	x	x	x		
4. Interpret results of data analysis for public health research, policy or practice	x		x		
Public Health and Health Care Systems					
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings		x			
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels					x
Planning and Management to Promote Health					
7. Assess population needs, assets and capacities that affect communities' health		x		x	
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs					x
9. Design a population-based policy, program, project or intervention			x		
10. Explain basic principles and tools of budget and resource management		x	x		
11. Select methods to evaluate public health programs	x	x	x		
Policy in Public Health					
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence		x	x	x	
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes		x		x	x
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations		x			x

15. Evaluate policies for their impact on public health and health equity		x		x	
Leadership					
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making		x			x
17. Apply negotiation and mediation skills to address organizational or community challenges		x			
Communication					
18. Select communication strategies for different audiences and sectors	DMP 815, FNDH 880 or KIN 796				
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	DMP 815, FNDH 880 or KIN 796				
20. Describe the importance of cultural competence in communicating public health content		x			x
Interprofessional Practice					
21. Perform effectively on interprofessional teams		x			x
Systems Thinking					
22. Apply systems thinking tools to a public health issue			x	x	

Chapter 3 - Student Attainment of MPH Emphasis Area Competencies: Public Health Physical Activity

Explanation of classes, APE products and project names:

KIN 610 – Program planning and evaluation: This class served as a an instructional resource. Working with Dr. Irwin on a community health improvement project strongly influenced by the Riley County needs assessment allowed me to gain a multi-faceted understanding of the challenges and barriers face by individuals in Riley County who are in need of affordable housing. As part of this project the class participated in community workshops, understand the day-to-day issues members of the Manhattan community face in utilizing systems of public health – such as housing assistance vouchers) and navigating leasing agreements with landlords.

KIN 612 - Policy, built environment and physical activity: This class consisted of a large group project centered on the development of an NIH-inspired grant draft written according to the guidelines of Community Health Education Specialist materials. The grant my group and I wrote focused on physical activity promotion in older adults with a history of mental distress in Manhattan, KS. The project, as well as the intensive literature review and team-working experience with interdisciplinary students of the MPH program allowed me to understand the many interlinking skills and needs that have to be presented and detailed when proposing a resource-intensive physical activity intervention,

KIN 805 - Physical activity and human behavior: In this class I worked together with one other student on a behavioral health theory presentation and conveyed a critique a behavioral health intervention to a class of MPH students. My partner and I also collected data as part of a data project for the class that investigated the association between high school and college exercise participation. We were able to collect responses from more than 100 individuals. The class was very useful in teaching me about the thematic similarities between behavioral theories and highlighting the

importance of sound and evidence-based implementations of the models of behavior that guide our understanding.

Product 1 - Community health resource database: This product of my field experience came about as an idea of my preceptor to better understand the location and distribution of community resources in Salina. To fulfill this project, I utilized a variety of skills related to the proper identification of population needs, community services and geospatial analysis. The project was particularly intended to assist the health department in making data-based decisions about what actions may be beneficial in bridging the service gap for at-risk populations, or for areas with low mobility and low health resource access.

Product 2 – Community health resource map: Access and distribution of health information, especially related to how and where people are able to receive possibly critical aid and services is a challenge in communities throughout Kansas. As part of this product I utilized a variety of technologies related to county operation, visited with community health stakeholders as part of the Livewell Salina coalition and participated in an idea session to further develop ideas and process comments from related to the scope and role of a health education event the coalition organizes for members of the community. In addition to local community activities I participated in a state-level Medicaid advisory group meeting where a demonstration of a new outreach website for Kansas Health Departments and county health officials to foster improved dialogue and public interaction to allow for greater community cohesion with the aim of spanning rural to urban health access differences. I think that the health resource map is one option for improving this type of community outreach and communication, especially one that allows for two-way communication from communities in the form of stakeholders who can use the map not only to understand their own role in the community, but see that they are working alongside others towards the same goal. At the Medicaid advisory meeting, I also had the chance to briefly talk about the health resource database as an idea for improving community health structures specifically for rural and remote counties.

Thesis – Cross-sectional physical activity survey: My thesis focused on the association between child active transportation determinants, such as parents and the environment, and child active transportation behavior, as well as the association between child active transportation and adult active transportation measured through a cross-sectional recall survey. The project highlighted my expertise regarding the design and implementation of understanding social, behavioral and environmental influence on physical activity as a health behavior, and the key role that solid theoretical frameworks have on the systematic and comprehensive study of behavioral processes. MY thesis presents a step towards better understanding of the ways with which to improve adult physical activity behavior outcomes. I accomplished this within the thesis by studying the role of parental influence, in the form of support and role modeling, and the role of environmental factors, in the form of neighborhood self-report measure, and using those to the test associations between social cultural and built environment influences on child active transportation behavior.

P&MH – Parks & mental health project: As part of an iteration of a parks project by my major professor, Dr. Besenyi, I had the opportunity to submit an abstract on the relation between park-based physical activity and mental health among Kansas City park-proximal residents to the American Public Health Association (APHA). I attended the APHA annual meeting in San Diego as a presenter of two unrelated projects, with parks & mental health being the one that highlights my accomplishment as a Master of Public Health students the most. Throughout the project, preparing and establishing a literary purpose for the idea we had for the connection between park-availability and physical activity, the need for assessing and understanding community level determinants within a population health assessment was crucial. Population health was met as a competency because of the focus on sample health behaviors and their connection to measured levels of park-proximity and utilization.

Competency: Population Health

The study of population health is fundamental to understanding the needs of community health, and how to approach these issues with actual improvement of health

outcomes in mind. Concepts and implementation of health improvement programs were covered in KIN 612. I also completed a research project on the role of Parks and Mental Health, which consisted of data analysis from a prior project of my major professor. The project investigated the association of local public green spaces on mental distress in the surrounding neighborhood and was presented by me at the Annual Meeting of the American Public Health Association in 2018 in San Diego, CA in front of an audience of ~15 people. The presentation came about as an extension of an idea presented at Active Living Research in 2018 during my final undergraduate semester. Research involved binomial regression analysis on survey data from Kansas City, that assessed the health behavior of physical activity in the context of neighborhood and park physical activity, making use of population health thought models that organize our understanding of recreational physical activity.

Competency: Social, behavioral and environmental influences

Behavioral theories form the basis of our understanding of the process by which humans start, stop and maintain desirable and undesirable behaviors. I learned about behavioral and environmental factors for physical activity participation in two classes, KIN 610 and 805, and conducted research through the thesis project, which investigated associations for childhood active transportation behavior and parental and environmental influences. The 610 class project highlighted the role of the local community in determining priority health outcomes for its members, and how important having a supportive and inclusive community can be for organizing health programs/interventions. The 805 class project revolved around understanding the characteristics that are positively associated with college leisure time physical activity and exercise participation. Results indicate a positive association between competitive sports participation and college physical activity, suggesting team sports in high school as a possible intervention method to improve physical activity in often-times insufficiently active college students. This study of health influences encompasses the social environment, behavioral and environmental influences by taking into account the exercise preferences of college students. The projects relate to this competency

through their involvement with a concerted effort to study the role that determinants on multiple levels of the socio-ecological model play on physical activity.

Competency: Theory Application

Theory application occurred in similar contexts as research for behavioral and environmental influences on physical activity: KIN 610 & 805, and thesis research. Theory application encompassed understanding of active transportation processes across the lifespan, and the various determinants and factors that may play into the association between activity at different time points. In KIN 610, theory application revolved around the role of social support in developing action steps and community organizing surrounding the issue of affordable housing that was prevalent in Manhattan, KS at the time. In 805 and the resulting data project, theory application evolved from the need to study behavior in front of an easily understandable backdrop of behavioral decision making, and how high school aged behaviors and participation was associated with college-age physical activity behaviors.

Competency: Developing and evaluating physical activity interventions

Evaluation of physical activity interventions is a crucial process in physical activity research, because re-evaluation of goals and processes by which these goals are achieved is fundamental to the success of interventions. The student learned about program evaluation in KIN 610 and 805. As part of 612 and in collaboration with other MPH students, I created a mock-program proposal to intervene upon older adults with a history of mental distress in Manhattan. This population was identified using the Riley County community needs assessment. The intervention consisted of a multi-week hybrid behavioral and physical activity intervention that sought to equip older adults with social skills, and foundational physical activity skills that would allow them to develop independent and sustainable physical activity and social behaviors.

Competency: Support evidence-based practice

Evidence-based practice has been a priority for public health practice in the past decades. Evidence-based practice is the concept that activities within a profession should be based on scientific evidence that supports their effectiveness. The MPH curriculum prepared t me for advocacy for evidence practice through KIN 612, in which I, along with other MPH students, designed a program for older adults at risk for mental distress to improve their physical activity behavior and social competency. The intervention utilized scientific research in the form of other model interventions, clinical trials and observational data to create a schedule of activities purpose-built for work with older adults. My APE also addressed this competency, as it encompassed collecting information about community health service providers and organizing it for ease of access for local health administrators, creating a framework for future collaboration and community health improvement projects. The health resource database model was introduced to a meeting of the Medicaid advisory group in July of 2019 and received interest from the audience of public health officials on the state and local level.

Table 3.1 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Public Health Physical Activity			
Number and Competency		Description	Courses, Products and Projects
1	Population health	Investigate the impact of physical activity on population health and disease outcomes.	KIN 612, Parks & mental health project
2	Social, behavioral and environmental influences	Investigate social, behavioral and environmental factors that contribute to participation in physical activity.	KIN 610 & 805, Thesis research,
3	Theory application	Examine and select social and behavioral theories and frameworks for physical activity programs in community settings.	KIN 610 & 805, thesis research
4	Developing and evaluating physical activities interventions	Develop and evaluate physical activity interventions in diverse community settings.	KIN 610 & 805

5	Support evidence-based practice	Create evidence-based strategies to promote physical activity and communicate them to community stakeholders.	KIN 612, APE
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Chapter 4 - Appendix

Appendix A: Community health resource categories

Populations	Community Services	Education	Relief Services	Health Care	Physical Activity
Children	Resource Directory	Child Care	Food Bank	Generalist Care	Park
Youth	Farmer's Market		Community Kitchen		Gym
Women	Social Groups	Youth Education	Housing Services	Specialist Care	Pool
Pregnant Women	Financial Counseling		Shelters		Group PA
Homeless/Unemployed	Family Counseling	Job Training		Behavioral Care	
Elderly	Employment Counseling				
Drug Users	Thrift Store	Health Education		Urgent Care	
Mental Distress	Adoption Services				
Disability				Nursing Services	

Appendix B: Community health resource sample

Name	Tel.	Address	Website	Hours	Notes	Services	Long	Lat
OCCK, Inc.	(785) 827-9383	1710 W. Schilling Road, P.O. Box 1160, Salina, Kansas 67401-1160	https://occk.com/	Monday-Friday: 8:00 AM to 5:00 PM		Case Management Financial Management (Counseling) Services Adult Day Services Home Care/Home Health Services Infant-Toddler Service Public Transportation Retirement Services Job training Supported Employment Employer referral services	38.784093	-97.633161
Choices Network	(785) 820-8018	2151 Centennial Rd, Salina, KS 67401	choicesnetwork.net	Monday - Thursday: 8:00 AM -		Case Management Day Services Supported Employment Residential	38.803942	-97.633976

				4:00 PM Friday: 8:00 AM - 2:00 PM		Services Recurring events: Coffee on the Town: Mondays at 10:00 AM (location announced each week) (\$varies) Sunset Billiard's Pool: Tuesdays from 11:00am- 1:00pm (Sunset Billiard's in Salina) (\$1.50). Lunch and Bowl: Wednesdays from 12:00pm- 2:00pm (All- Star Lanes in Salina) (\$9)		
Ashby House Family Shelter	(78 5) 826 - 493 5	150 S 8th St, Salina, KS 67401	ashbyhouse.org	Open 24h		Ashby House - Family Shelter Bridge House - Gender Specific Substance Use / Disorder Treatment	38.838 583	- 97.611 833

						Program Educational Programming Transitional Housing (Hope House, Light House, Legacy House, Family Transitional)		
Pregnancy Service Center, Inc.	(866) 970-6670	104 W Elm St, Salina, KS 67401	pscsalina.com	Monday: 10:00 AM - 7:00 PM Tuesday - Thursday: 10:00 AM - 4:30 PM Friday: 10:00 AM - 2:00 PM		Free and Confidential pregnancy tests Limited diagnostic ultrasounds Weekly educational classes for women/couples Post-abortion support programs	38.845248	-97.609518
DCF Salina Service Center	(785) 826-	901 Westchester Dr # A, Salina, KS 67401	dcf.ks.gov	Monday - Friday 8:00 - 17:00		Case Management for Government Assistance applications	38.831247	-97.595888

	800 0					Programs include: SNAP (Food Stamps) (for WIC, see WIC office) Child Care Assistance Health Care (KanCare)		
Emergency Aid Food Bank	(785) 827-7111	255 S Chicago St, Salina, KS 67401	salinafood.org	Monday: 13:00 - 14:45, 17:00 - 18:45 Tuesday - Friday: 13:00 - 14:45		Emergency aid for food, rent, medicine, dental care and transportation	38.836267	-97.623222
Child Advocacy & Parenting Services, Inc. (CAPS)	(785) 825-4493	155 N Oakdale Ave #200, Salina, KS 67401	capssofsalina.org	Monday - Friday 8:30 AM - 5:30 PM		Some services offered in both English and Spanish Family Mentoring Parenting Education Respite Care School Readiness	38.842015	-97.601225

Domestic Violence Association of Central Kansas (DVACK)	(785) 827-5862	203 S Santa Fe Ave, Salina, KS 67401	http://dvack.org/	24h hotline		24-Hour Hotline Emotional Support and Understanding Crisis Counseling Safety Planning Emergency Transportation Safe Shelter Information and Referrals Civil and Criminal Court Advocacy Assistance with Protection from Abuse Orders Assistance with Protection from Stalking Orders Economic Advocacy Housing Advocacy HopeLine and 911 Phones Emergency Aide: Food, Clothing, and Household Goods Domestic	38.838 131	- 97.608 757
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						<p>Violence Support Groups Tuesday 5:30-7:00</p> <p>Women Empowered (Sexual Assault Support Group) Wednesday 5:30-7:00</p> <p>Survivors with Disabilities Support Group Tuesday 2:00-3:00</p> <p>Reconnecting Families (adult & child) support group Tuesday 4:00-5:00</p> <p>Adolescent Services</p> <p>Teen Dating Violence Prevention</p>		
Salvation Army	(785) 823-2251	1137 N Santa Fe Ave, Salina, KS 67401	centralusa.salvationarmy.org	Monday - Saturday 9am - 5 pm	Second location (Thrift store) located at 157 S 5th St.	<p>Donation Center</p> <p>Services provided by organization (call for assistance):</p> <p>Emergency</p>	38.859358	-97.609508

						food, financial and housing assistance Counseling services for families and individuals Case management for life management, job training and planning		
The Salvation Army Family Store & Donation Center	(785) 823-1409	157 S 5th St, Salina, KS 67401	Monday - Saturday 9am - 5 pm		Thrift Store, Donation Center Services provided by organization (call for assistance): Emergency food, financial and housing assistance Counseling services for families and individuals Case management for life management,	38.838356	-97.607618	

					job training and planning		
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Appendix C: Google MyMaps mockup of resource map.

Green icons represent places of worship.

Red icons represent health care providers.

Yellow icons are social service providers.

Blue lines represent census tract boundaries.

Red shading indicates USDA food desert classification.



