

Master of Public Health
Applied Practice Experience

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MASTER OF PUBLIC HEALTH

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Chapter 1 - Portfolio Products

Introduction to Sherwood Valley Band of Pomo Indians

Sherwood Valley Band of Pomo Indian Rancheria is located in Northern California within Mendocino County. The Rancheria extends from “Hwy 101 corridor, through the Redwood Forests, on to the Coast” (*Tribal History*). The Tribal Rancheria consists of around 90 homes and has a population of around 147. Demographically, most of the tribe’s community members are of an older age. Currently, 11.6% of the tribe’s population is between 0-17 years of age, 43.5% between 18-49 years of age, and 44.9% between 50-100 years of age. The community primarily consists of American Indian (AI) registered members, but also includes non-registered AI members, and a small portion of non-AI individuals partnered with AI community members.

Introduction to Sherwood Valley Band of Pomo Indians, Tobacco Prevention Department

The Sherwood Valley Band of Pomo Indians, Tobacco Prevention Department (TPD) is tasked with promoting tobacco cessation through community outreach, education, and policy development. The TPD is funded by the CG 20-10003 California Tribal Grant to Reduce Tobacco-Related Disparities. The program’s goal to reduce commercial tobacco use is made up of three major objectives. The first objective focuses on developing, passing, and implementing a 100% smoke-free policy for outdoor recreational areas, facilities, and venues within tribal lands. With the policy in place, our program would aim to reduce commercial tobacco litter by 50% from a baseline established during the first year of the project. The second objective focuses on the development of a voluntary smoke-free household policy with the goal to have 40 homes or 50% of the homes on tribal lands adopt the policy. The third objective focuses on creating and maintaining a youth coalition that will be educated, trained, and sustained as leaders and spokespersons to implement program objectives and to educate their peers.

During my applied experience, I worked as the Program Director for the TPD and was tasked with heading and developing the program from the ground up. Throughout my work, I developed multiple data collection instruments with my program mentor Dr. Veronica Acosta-Deprez. With her assistance, I developed two Public Intercept Surveys (PIS) that focused on

obtaining the community's thoughts and attitudes toward a commercial tobacco policy ban for recreational areas and a voluntary smoke-free home policy. A focus group questionnaire was used to obtain feedback regarding the look, feel, and cultural appropriateness of our educational materials (pamphlet, flier, fact card, etc.). A tobacco litter observation survey was also used to gather data to create a baseline level of commercial tobacco litter in recreational areas throughout the community. With the help of American Heart Association (AHA) and the Tribal Community Coordinating Center (TCCC), I conducted a Midwest Academy Strategy Chart forum session with community members. The strategy chart focused on establishing the community's short, intermediate, and long-term goals, organizational considerations, constitutes, allies, opponents, targets, and tactics to create a plan for the development of the policies. These portfolio products were developed in collaboration with Dr. Acosta-Deprez, TCCC, AHA, and the Tobacco Control Evaluation Center (TCEC).

Portfolio Products

Through my work at my APE site, I have been able to achieve the learning objectives stated below:

- Acquire the knowledge to effectively develop and implement multiple data collection instruments (Portfolio Product 1, 2, 4).
- Develop the skills needed to efficiently analyze the data gathered from the data collection instruments and implement the data gathered into educational materials (Portfolio Product 1, 2, 4).
- Acquire the skills to successfully facilitate a focus group and an educational forum (Portfolio Product 2 and 3).
- Develop culturally acceptable materials and presentations (Portfolio Product 2 and 5).

A summary of the portfolio products produced during my APE can be found in Table 1.1. More information and the products themselves can be found in the appendix sections of my ILE report.

Table 1.1 Summary of Portfolio Products

1.	Two Public Intercept Surveys	They are two data collection instruments completed by community members used to obtain qualitative and quantitative information on the attitudes and perceptions of a commercial tobacco policy ban being placed in recreational areas within tribal land and a voluntary no-smoking home policy.
2.	Focus Group Questionnaire	It is a questionnaire that was used during two consumer testing sessions. The questions were used to gain feedback from community members on the look, feel, and cultural appropriateness of the educational materials produced by our department.
3.	Midwest Academy Strategy Chart	It is a strategic planning chart that is completed with community members. The chart is used to help our program identify short, intermediate, and long-term goals, organizational considerations, constitutes, allies, opponents, targets, and tactics to create a plan for the development of the no-smoking policies.
4.	Observational Survey	The observational survey was used to conduct a baseline tobacco litter audit in at least two recreational areas pre-policy adoption. The survey was used to collect data about the amount of visible no-smoking signage, the number of people smoking, and the amount of cigarette-related litter, and the date and time the observations were conducted.

5.	Educational Materials	Five educational materials were developed and consumer tested to review the materials for cultural and language appropriateness. The materials are used to educate the community on the differences between sacred and commercial tobacco, the hazards that commercial tobacco use has on the environment, and our health.
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Table 1.2 Portfolio Products and Competency Addressed

Portfolio Products			Number and Competency Addressed
1.	Two Public Intercept Surveys	2	Select quantitative and qualitative data collection methods appropriate for a given public health context.
2.	Public Intercept Survey Analysis	4	Interpret results of data analysis for public health research, policy, or practice.
3.	Focus Group Questionnaire	4	Interpret results of data analysis for public health research, policy, or practice.
4.	Midwest Academy Strategy Chart	7	Assess population needs, assets and capacities that affect communities' health.
5.	Educational Materials	8	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.

6.	Leadership	16	Apply principles of leadership, governance and management, which include a vision, empowering others, fostering collaboration and guiding decision makers.
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While at my APE site, I was tasked with developing data collection instruments for a broad range of work activities. One data collection instrument, developed in collaboration with Dr. Acosta-Deprez and the Tobacco Control Evaluation Center (TCEC) guidelines, was a Public Intercept Survey (PIS). The survey collected qualitative data [SR1] through the use of a Likert scale, which measured the community’s attitudes through an ordinal scale (Sullivan & Artino, 2013). The surveys also gathered quantitative data regarding commercial tobacco use and smoke exposure. Another data collection instrument developed in collaboration with Dr. Acosta-Deprez and TCEC guidelines, was a focus group questionnaire. This questionnaire was used during two consumer testing sessions in which we collected qualitative data from community members regarding the look and feel of the materials produced by our department. The biggest benefit from this data collection instrument was the ability to use the data to make the materials more culturally sensitive for the community. The last data collection instrument that I developed in collaboration with Dr. Acosta-Deprez, was the Observational Survey. This survey was developed to collect qualitative and quantitative data on commercial tobacco litter within recreational areas residing on tribal land. Through the use of this survey, we were able to determine a commercial tobacco litter baseline so that our department can compare and contrast the amount of litter found pre and post- policy implementation. The data gathered from these tools have been used to analyze key issues for the community and strategies that could be implemented to reduce commercial tobacco use. For example, where no-smoking signs should be placed in recreational areas and what type of voluntary policies smokers and non-smokers would likely adopt for their own homes.

To obtain greater feedback from the community on their needs in regard to commercial tobacco cessation, our department collaborated with the AHA and TCCC. Through this collaboration, I was able to build up my skills in developing a culturally sensitive MASC that focuses on AI needs and effectively proctor a MASC session through the use of facilitated

discussion. Through the facilitated discussion, our department was able to establish short, intermediate, and long-term goals, organizational considerations, tribal leaders, allies, skeptics, and unsupportive members. Through the completion of the MASC, I was also able to better understand the context of certain opponents and barriers to our program. This has allowed me to create strategies that would increase community support and adoption of the policies by understanding opposing points of view and working to alleviate their concerns.

While working at my APE site, I developed multiple educational materials that focused on the hazards of commercial tobacco use. One was a flier that focused on differentiating between commercial tobacco and sacred tobacco. This flier was one that was greatly requested by the elder community members since many of their youth did not understand the difference between the two. This material also allowed our department to work on the tobacco issue by critiquing and rejecting commercial tobacco and not the community's culture. Another educational material I developed was a pamphlet that focused on commercial tobacco litter and the effects it had on the environment and wildlife. This was important since one of the tribe's missions is to protect its nature and natural resources (*Tribal History*). I was able to further improve the materials through consumer testing. Consumer testing has allowed me to better understand the community's culture and get some insight as to what cultural ideology, wordage, imagery, etc. could be included into the materials to better represent the community.

My role as the Program Director for Tobacco Prevention has provided me with the opportunity to improve my skills as a leader within the community. During my APE, I have had the opportunity to collaborate with several different programs, organizations, and people. Some of these people were a part of neighboring tribal programs that were funded by the same grant mechanism. In collaboration with them, we were able to develop a tribal projects group where each program was able to exchange ideas, successes, and challenges so that we can help one another and learn from each other's programs. Our program has also developed a youth coalition in which we educate, train, and foster personal growth. The youth are trained and educated to become community leaders in the fight against commercial tobacco use. Through the youth's support and the local tribal projects, we were able to develop a Friday Night Live chapter (FNL). Through this collaboration and chapter, we have been able to build an atmosphere where youth can collaborate with other youth similar to them and give them the space to allow them to grow as community leaders and spokespersons.

Chapter 2 - Competencies

Throughout my APE, I have had the ability to utilize the 10 competencies listed in tables 1.2 and 2.1 through the completion of my portfolio products listed in tables 1.1 and 1.2 and materials found in the appendices section of my ILE report. I was also able to accomplish competency 22, through the development of two systems thinking tools, process mapping and Stock and Flow Map which are found in Table 2.2. The materials themselves are found in appendix 1 and 2.

Table 2.1 Summary of MPH Foundational Competencies

Number and Competency		Description
1	Information literacy of public health nutrition	Inform public health practice through analysis of evidence- based policy, systems, and environmental change.
2	Compare and relate research into practice	Examine chronic disease surveillance, policy, program planning and evaluation, and program management, in the context of public health nutrition.
3	Population-based health administration	Critically examine population-based nutrition programs.
4	Analysis of human nutrition principles	Examine epidemiological concepts of human nutrition in order to improve population health and reduce disease risk.
5	Analysis of nutrition epidemiology	Describe criteria for validity in nutritional epidemiological methodology.

Competencies 1, 4, 5 were attained through the development, implementation, and evaluation of the PISs and educational materials. As previously stated in chapter one, data gathered from the PISs were analyzed and then used to update or develop education materials and presentations. The information gathered from the PISs will also be used to help guide the development of the two no-smoking policies required by the program's scope of work. Through the use of consumer testing I was able to gather qualitative data on the look and feel of the educational materials. This data allowed me to update the contents of the materials in order to meet the community's cultural needs. To tackle commercial tobacco use from a different perspective, one of our educational fliers focused on how commercial tobacco use affects an individual's nutritional intake and overall health. This material not only helped tackle the commercial tobacco issue but it served as a nutritional flier.

Competency 1 was also achieved through the development of the MASC and its facilitated discussion. Through the completion of the MASC, I was able to identify the community's needs and barriers in the fight against commercial tobacco use. The information gathered from the MASC helped identify the key issues as requested by the community and what strategies we will need to use in order to get community support for the policies. A key example of this was to develop multiple types of the voluntary no-smoking policies so that current smokers are more likely to adopt a policy rather than actively oppose it. A policy idea provided by the community during the MASC was to make a version of the policy that would ban smoking within their home but would allow smoking outside their home as long as they are 15 feet from their home's entrances and windows. This type of policy would be more likely to be adopted by current smokers who are not ready to quit smoking, but who understand the importance of keeping commercial tobacco smoke away from their families and homes.

Competencies 2 and 3, were acquired through the development of the observational survey, Earth Day event, and presentation. In collaborating with the tribe's United States Department of Agriculture (USDA) department's Food Distribution Program on Indian Reservations (FDPIR) program, I was able to learn how their department functioned, how their program helped reduce food scarcity, and how to improve the community's diet through community outreach and education. In collaboration with the FDA and with Indian Health Services (IHS), we were able to produce an event in which we educated community members

on the human and environmental hazards of commercial tobacco use. The event also allowed for data collection on commercial tobacco litter which helped to establish a baseline level for commercial tobacco litter in recreational areas within tribal land.

Table 2.2 Application of Systems Thinking to a Public Health Issue

Systems Thinking Tool	Description
Process Mapping	The process map explains the steps needed to be taken in order to develop and pass a no-smoking policy in recreational areas on tribal land.
Stock and Flow Map	The stock and flow map explains multiple factors that contribute to commercial tobacco use and cessation within the Sherwood Valley community.

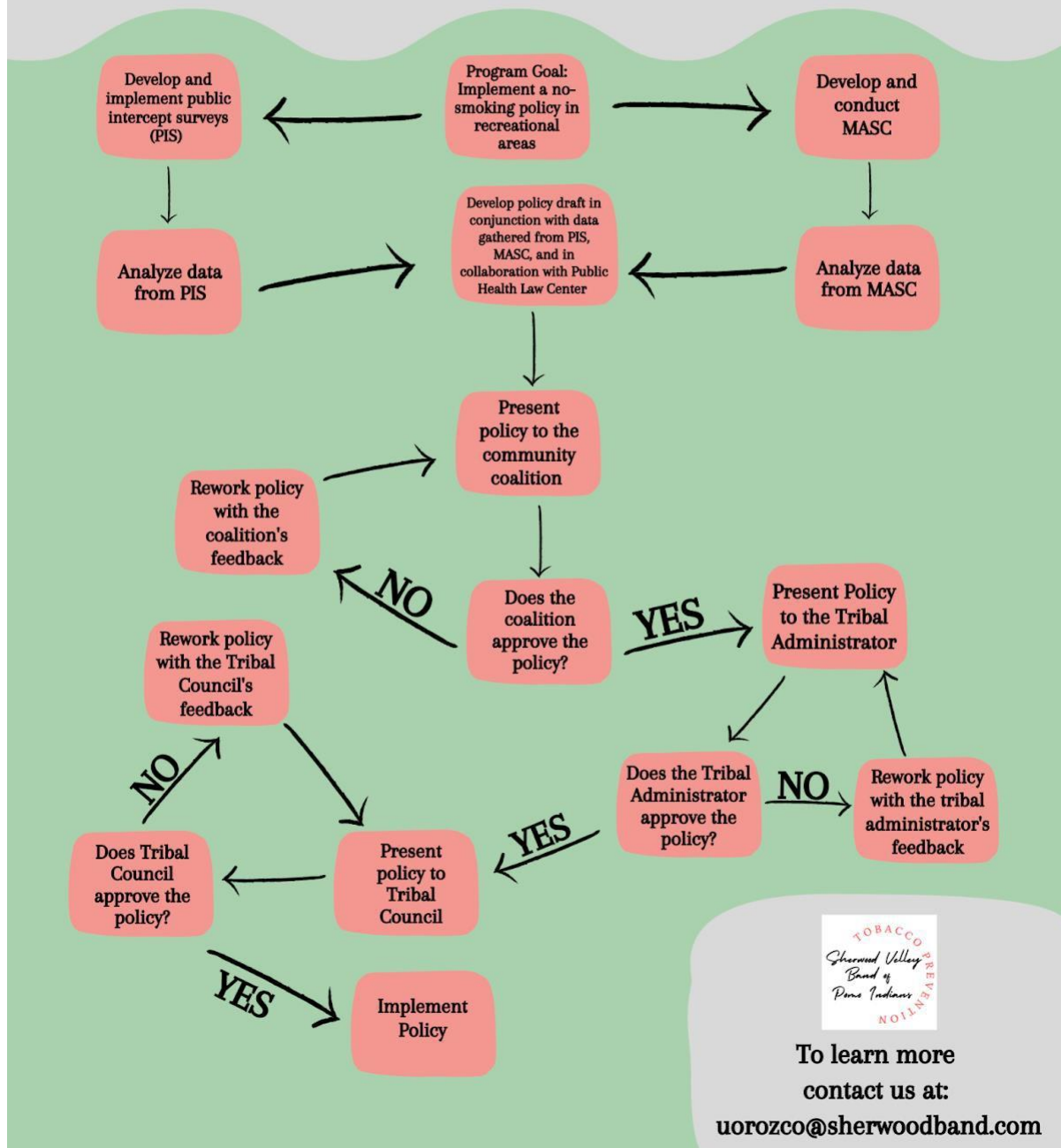
One of the systems thinking tools used during my APE was the process mapping tool found in appendix 1. The process mapping tool was used to establish a pathway and system to develop and implement a no-smoking policy within tribal recreational areas. This map was developed to help our department and our youth coalition visualize and understand the general steps that need to be accomplished in order to pass a policy. The second system's thinking tool is the stock and flow chart found in appendix 2. The stock and flow chart helps explain the cycle of commercial tobacco use, the barriers that reduced the likelihood of cessation, and the factors that contribute to the increased use of commercial tobacco within the community. This system's thinking tool was used to help educate the youth coalition on how certain factors contribute to commercial tobacco use and how our program's activities contribute to a reduction of it.

Chapter 3 - References

1. *Tribal History*. Sherwood Valley Band of Pomo Indians. (n.d.). Retrieved October 4, 2022, from <https://www.sherwoodvalleybandofpomo.com/about-us.html>
2. Sullivan, G. M., & Artino, A. R. (2013, December). *Analyzing and interpreting data from likert-type scales*. *Journal of graduate medical education*. Retrieved September 22, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3886444/>

Appendix 1: Process Mapping

Process Mapping: Policy Development and Approval



Appendix 2: Stock and Flow Chart

