Master of Public Health

Applied Practice Experience

by

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MPH Candidate

submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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Applied Practical Experience Site:
Community Council of Greater Dallas – Dallas Area Agency on Aging
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Chapter 1 - Portfolio Products

Practicum Site and Responsibilities

I completed my Applied Practicum Experience at the Community Council of Greater Dallas, specifically with the Dallas Area Agency on Aging (DAAA) in Dallas, Texas. During this time, I supported the team in various formats. My primary responsibility was administering and analyzing the community needs assessment required for the submission of the agency's Area Plan to state for government funding. I helped distribute the survey at a variety of community events and over the phone. Additionally, I completed data entry of over 500 surveys, and performed part of the data analysis for the final plan submitted to the state. I tabled at the annual DART Information and Health Fair held in May in celebration of Older Americans Month and worked in the community by visiting retirement communities and senior centers. During these visits, I would discuss services offered through the agency and distribute educational pamphlets. I also participated in delivering the National Diabetes Prevention Program alongside a trained staff member to seniors in the community. Topics discussed included the benefits of balanced diet, regular physical activity, and tips on how to establish healthy habits. I aided my preceptor in case organization, delivery of services, and administration of agency assessments. I also attended site visits alongside my preceptor. Lastly, I performed a retroactive analysis of caregiver coping mechanisms for stress. The final report from the analysis was submitted as an abstract to the annual Texas Public Health Association Conference, and it was accepted for an oral presentation. I worked in a collaborative environment and gained skills in communication, leadership, ethics, data analysis, service delivery, and health education.

Table 1.1 Summary of Portfolio Products

Portfolio Product		Description
1	Dallas Area Agency on Aging Community Area Plan – Service Narratives	The Area Plan is a document submitted to the state by the DAAA to receive state funding for services. This plan is to be submitted to the state every three years and details areas of need, description of services provided, allocation of funding, goals and objectives of the agency, and a plan of execution. I assisted with the writing of the service narratives used in the final plan.
2	Dallas Area Agency on Aging Community Needs Assessment – Graphs and Tables	The Needs Assessment is a survey that was distributed over the course of a month with the aim of better understanding the needs of the diverse group of seniors and caregivers living in Dallas County, TX. I helped collect, analyze, and visualize data utilized in the final DAAA Area Plan that was submitted to the state.
3	Caregiver Coping Mechanisms for Stress Abstract	The Caregiver Coping Mechanisms for Stress is an abstract the was submitted to the annual Texas Public Health Association Conference and accepted for an oral presentation. This was a secondary project I completed utilizing data previously collected from the DAAA through caregiver assessments. I examined common ways in which caregivers cope with the stress that often accompanies this role and the efficacy of the chosen strategies.
4	Journal of Daily Activity at the Agency	A log of daily activities completed while working at the DAAA. Short bullet point notes and a log of hours was used to keep track of tasks and responsibilities completed during my time at the agency.

Table 1.2 Portfolio Products and Competency Addressed

Portfolio Product		**Number and Competency Addressed**	
2 & 3	Needs Assessment and Caregiver Analysis	3	I utilized SPSS statistical software to analyze data collected from surveys and assessments.
2 & 3	Needs Assessment and Caregiver Analysis	4	I employed SPSS and Excel to visualize data for public dissemination. Tables and graphs were created to help interpret needs in the community, inform provision of agency services, and determine allocation of funding.
2 & 3	Needs Assessment and Caregiver Analysis	7	I aided in data collection, entry, and analysis of the agency's community needs assessment. Information collected during this time was utilized to inform the agency's Area Plan submission to the state for funding.
1	Area Plan	18	The Area Plan was a collaborative effort across all branches: Community Wellness, Access and Assistance, and Benefits Counseling. The team came together to write their respective sections. Multiple interdepartmental meetings were held to help prepare the final document.
4	Journal of Daily Activity	21	The daily journal demonstrates the different branches I worked with, and how I contributed to multiple teams throughout my practicum.

Chapter 2 - Competencies

Table 2.1 Summary of MPH Foundational Competencies

Number and Competency		Description
3	Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	MPH 701 gave a helpful understanding of population level statistics and how to use statistical software. I utilized SPSS to perform data entry and analysis for needs assessment data collected for the agency. I analyzed frequencies and descriptive statistics using functions through the software.
4	Interpret results of data analysis for public health research, policy or practice	MPH 701 provided a basis for how to conduct data analyses and create graphical representations of the data. I helped create graphics and charts needed for the final Area Plan submission using SPSS and Excel. These were utilized to visually represent needs in the community and inform agency distribution of funds and provision of services.
7	Assess population needs, assets and capacities that affect communities' health	MPH 754 and MPH 802 provided foundational knowledge for how to assess population need. I aided the agency in completing their needs assessment by assisting with survey administration, data entry and analysis, and interpretation of results. I attended health fairs, community events, and completed over the phone surveys to help reach the target population.
18	Select communication strategies for different audiences and sectors	MPH 890 outlined helpful strategies in how to select appropriate methods of communication. I assisted with writing service narratives for the final Area Plan that was submitted to the state. I spent time in the community working and interacting directly with community members and agency partners by attending health fairs and site visits. I also made phone calls to clients and agency partners.
21	Perform effectively on interprofessional teams	I worked within the three branches of the DAAA. My primary responsibilities were with the Access and Assistance branch, where I worked within a team, aiming to increase service utilization by the target population. The Area Plan was an entire agency project, which required interdepartmental cooperation and contribution. I sat in on meetings and helped where needed.
22	Apply systems thinking tools to a public health issue	MPH 720 and MPH 802 provided a solid foundation for systems thinking. I completed online modules during MPH 840 that discussed the different tools used for systems thinking in public health. I applied systems thinking to increase service usage through process mapping and innovation history.

Chapter 3 - Core Competencies

Table 3.1 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Public Health Physical (PHPA)		
Number and Competency		**Description**
1	Population health	Population health was addressed throughout my coursework. KIN 610 and MPH 818 examined the role of policy, social determinants of health, and health education. I also learned how to assess population health through MPH 701 and MPH 754. MPH 802 was helpful in outlining how the environment impacts population health. My thesis work also addressed population health in that it aims to understand physical activity in rural long-term care settings (e.g., assisted living and skilled nursing care). As a part of my research, I surveyed rural facilities across the entire state of Kansas. As the population continues to age, it is valuable to understand the role of physical activity within these settings and how it impacts this target population. My practicum experience addressed population health in that I worked with an agency that aimed to provide critical services to the senior population of Dallas County.
2	Social, behavioral, and environmental influences	I learned about the social, behavioral, and environmental influences through taking MPH 818, KIN 612, MPH 802, and KIN 805. These courses were instrumental in aiding my understanding of the complex nature of public health and the need to address multiple factors that influence health practices. My thesis research focused on facility facilitators and barriers to physical activity promotion and participation, which were found at the social, behavioral, and environmental level. Working in the community during my practicum experience also helped me witness the social, behavioral, and environmental influences on health firsthand.

3	Theory application	Theory application was addressed in KIN 805 and KIN 610. In these courses, theory was used as the foundation for interventions and health programming. Theory application was utilized in my thesis research in that I used existing frameworks and theory to inform my study design. Theory helped guide my work and decision-making process.
4	Developing and evaluating physical activity interventions	Developing and evaluating physical activity interventions was covered through KIN 805 and KIN 610. I created a physical activity intervention to be administered to a chosen target population for course projects. Evaluation strategies and appropriate study design methodology were utilized to determine program effectiveness. Techniques learned in this class can easily be applied to health programs that promote physical activity engagement, such as the National Diabetes Prevention Program and the Move Your Way Campaign. My thesis work helps lay the groundwork needed to develop a physical activity intervention for older adults living in rural long-term care settings.
5	Support evidence-based practice	All coursework throughout my program has emphasized the value and necessity for evidence-based practice. The interventions created for class assignments were all informed by and grounded in peer-reviewed literature. A review of physical activity literature was also completed for my thesis research to inform my original research question. Additionally, the study survey, interview questions, and data analysis techniques were rooted in previous research.

Appendix A – APE Product 1 – Service Narratives

Sample Service Narrative 1: Caregiver Support Services

The DAAA offers caregiver services to caregivers aged 18 and older caring for someone age 60 and older who resides in Dallas County. Older Relative Caregivers need to be age 55 and older and the minor child needs to be under age 18 and in school. This is an ongoing service provided to a caregiver to assess the needs of a caregiver to effectively plan, arrange, coordinate, and follow up on services which most appropriately meet the identified needs of the caregiver, as mutually defined by the caregiver, the care recipient, and the Access and Assistance staff at the DAAA. This is a holistic assessment and screening process and involves a range of services and can take place in a variety of formats (e.g., in-person, over the phone, or virtually) depending on client preference and/or need. Caregiver services can also include older relative caregivers who are the primary caregiver of individuals under the age of 18. Clients who qualify are eligible to receive services once every fiscal year. Caregiver services are person-centered; therefore, the duration of services is dependent on the client's need or service request. Care managers complete a holistic assessment which includes a consumer needs evaluation (CNE) and a caregiver assessment (CGA) to help provide a clearer understanding of the client's service need. Caregivers are also referred to additional services offered by the DAAA including caregiver information services, caregiver counseling, caregiver support groups, and caregiver training. Depending on the nature of the request, services can be completed directly by the DAAA, by a subrecipient of the DAAA, or by a contractor of the DAAA, as authorized by a care coordinator. Caregivers are invaluable to the individuals they provide care for. They help older individuals maintain independence, provide social support, and contribute to life satisfaction and enjoyment. Though rewarding, caregiving is often demanding. The DAAA strives to provide additional assistance to help reduce stress and burden faced by the caregiver and care recipient.

Sample Service Narrative 2: In-Home Services

The DAAA offers in-home services, which includes personal assistance and respite care for older adults in Dallas County. Personal assistance is related to care coordination services and strives to assist an older person who has difficulty performing a minimum of two activities of daily living as identified in the assessment process, with a task a person would typically perform if they were able. This includes assistance in all activities of daily living health-related tasks and can take place inside or outside of the client's home. In-home respite care is tied to caregiver services. These services are for eligible dependent care recipients for the relief of a caregiver provided in the eligible caregiver's home or the home of the care recipient on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care, and social and recreational activities. Clients who qualify are eligible to receive services once every fiscal year, and the number of hours of personal assistance or respite care depends on the needs of the client. Services are provided by a contractor of the DAAA, as authorized by a care coordinator. Care managers follow up monthly with those receiving respite services as long as the case open. In-home services are essential for helping older adults remain in their homes and maintain an independent lifestyle. Respite care provides caregivers with the time to take care of their own needs. Respite care offers caregivers the opportunity to take a break, which aids in improving mental health and preventing caregiver stress and burnout. The DAAA aims to mitigate the barriers of affordability and accessibility by connecting older adults to in-home services, so that they can continue to live independently and with reduced stress.

Sample Service Narrative 3: Legal Services

The DAAA provides advice or representation by an attorney, including assistance by a paralegal or law student under the supervision of an attorney, or assistance provided by a certified benefits counselor to an older person, or their caregiver with economic and social needs. Legal assistance services include advice or counseling, document preparation, and representation to all seniors within Dallas County. More specifically, advice counseling entails a recommendation made to an older person regarding a course of conduct, or how to proceed in a matter, given either on a brief or one-time basis, or an ongoing basis. Document preparation involves personal assistance given to an older person which helps with the preparation of necessary documents relating to public entitlements, health care, long-term care, individual rights, planning and protection options, and housing and consumer needs. Representation encompasses advocacy on behalf of an older person in protesting or complaining about a procedure, or seeking special considerations by appealing an administrative decision, or representation by an attorney of an older person or class of older people in either the state or federal court systems. The DAAA contracts with two attorneys who then work directly with clients once their case has been assigned to a case manager. Legal services are delivered in various formats (e.g., in-person, over the phone, and virtually) depending on client preference and/or need. Services are offered to qualifying clients once every fiscal year. The number of hours a client receives is determined by their requested needs. Legal aid is important for older adults, especially considering many may not even know what their legal needs and rights are. Older adults are vulnerable to fraud and abuse, which is why it is critical to ensure their rights and end of life decisions are legally protected. Access to legal services can often be a major barrier to older adults, as they may not know where to start or be able to afford services. If older adults decide to take on the responsibility themselves, they can become overwhelmed by the complexities of the legal system. In all, in providing legal services, the DAAA strives to streamline this process by making legal assistance accessible, affordable, and easier to understand.

Sample Service Narrative 4: Case Management Services

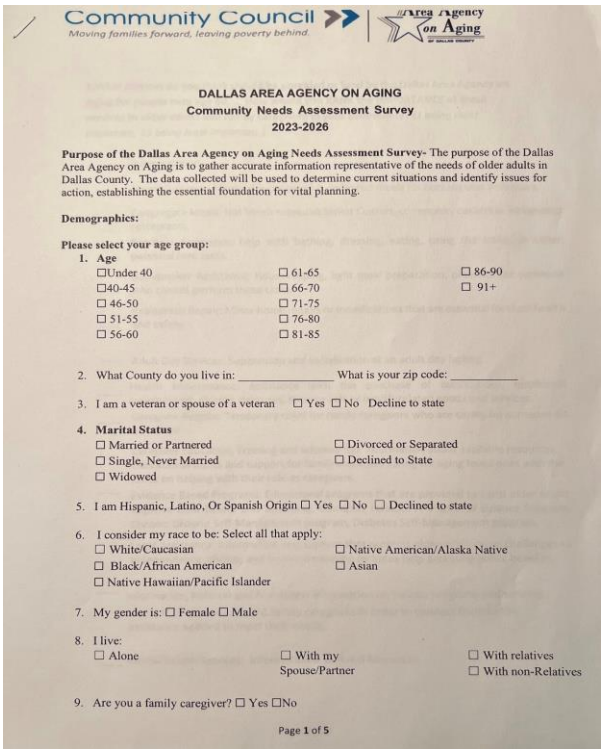
The DAAA offers case management services to older adults in Dallas County. This is an ongoing service provided to assess the needs of an older adult to effectively plan, arrange, coordinate, and follow up on services which most appropriately meet the identified needs of the older adult, as mutually defined by the older adult, the Access and Assistance staff at the DAAA, and where appropriate, a family member(s) or other caregiver(s). This is a holistic assessment and screening process involving a range of services and can take place in a variety of formats (i.e., in-person, over the phone, or virtually) depending on client preference and/or need. Clients who qualify are eligible to receive services once every fiscal year. Case management services are person-centered; therefore, the duration of services is dependent on the client's need or service request. Depending on the nature of the request, services can be completed directly by the DAAA or by a service contractor of the DAAA, as authorized by a care coordinator. Aging can impact the ability to complete daily activities, jeopardize safety, and can hinder independent living. Case management services are essential for helping older adults maintain their independence and ensure the safety of older adults. The DAAA offers case management services as a mechanism to facility independent living and safety.

Sample Service Narrative 5: Income Support

The DAAA aids older adults in Dallas County in the form of a payment to a third-party provider for services or goods that support the basic needs of the person, on behalf of an older adult or their caregiver. Income support can include payments towards rent, mortgage, and utilities (excluding late fees). Payments are typically in the form of a one-time payment (e.g., one-month payment). To account for payment processing, financial pledges are made on behalf of clients by the DAAA to ensure continuation of services and to prevent any potential financial consequences the client may face. Clients re-eligible to receive services once every fiscal year. Older adults are more likely to face financial insecurity and are more susceptible to fraudulent activities. Many older adults live on a fixed income, which can make daily living a challenge. With unpredictable inflation, growing healthcare needs, and the lasting impact of COVID-19, older adults are under increasing financial strain. The DAAA aims to aid in decreasing the burden of financial insecurity that many older adults face by providing one-time financial assistance.

Appendix B – APE Product 2 – Needs Assessment

Figure B.1 - DAAA Community Needs Assessment Example Page 1



Community Council
Moving families forward, leaving poverty behind.

Area Agency on Aging

DALLAS AREA AGENCY ON AGING
Community Needs Assessment Survey
2023-2026

Purpose of the Dallas Area Agency on Aging Needs Assessment Survey- The purpose of the Dallas Area Agency on Aging is to gather accurate information representative of the needs of older adults in Dallas County. The data collected will be used to determine current situations and identify issues for action, establishing the essential foundation for vital planning.

Demographics:

Please select your age group:

1. **Age**
   - ☐Under 40
   - ☐40-45
   - ☐ 46-50
   - ☐ 51-55
   - ☐ 56-60
   - ☐ 61-65
   - ☐ 66-70
   - ☐ 71-75
   - ☐ 76-80
   - ☐ 81-85
   - ☐ 86-90
   - ☐ 91+

2. What County do you live in: _____ What is your zip code: _____

3. I am a veteran or spouse of a veteran ☐ Yes ☐ No Decline to state

4. **Marital Status**
   - ☐ Married or Partnered
   - ☐ Single, Never Married
   - ☐ Widowed
   - ☐ Divorced or Separated
   - ☐ Declined to State

5. I am Hispanic, Latino, Or Spanish Origin ☐ Yes ☐ No ☐ Declined to state

6. I consider my race to be: Select all that apply:
   - ☐ White/Caucasian
   - ☐ Black/African American
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ Native American/Alaska Native
   - ☐ Asian

7. My gender is: ☐ Female ☐ Male

8. I live:
   - ☐ Alone
   - ☐ With my Spouse/Partner
   - ☐ With relatives
   - ☐ With non-Relatives

9. Are you a family caregiver? ☐ Yes ☐No

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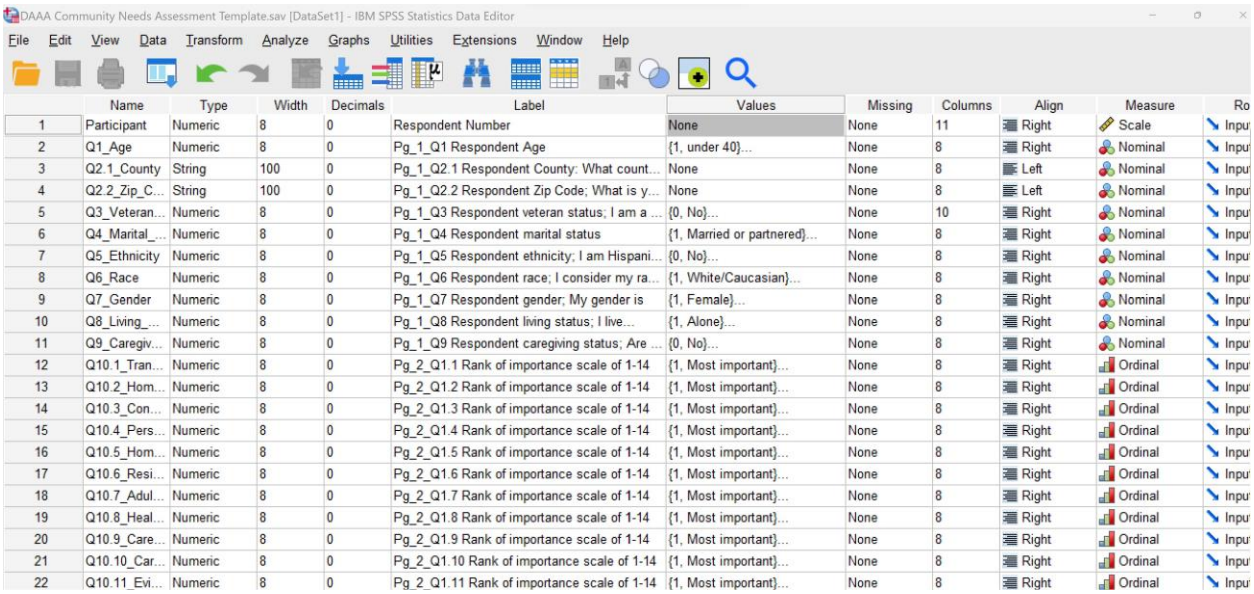
Figure B.2 - DAAA Community Needs Assessment Template Database



DAAA Community Needs Assessment Template.sav [DataSet1] - IBM SPSS Statistics Data Editor

File Edit View Data Transform Analyze Graphs Utilities Extensions Window Help

	Name	Type	Width	Decimals	Label	Values	Missing	Columns	Align	Measure	Ro
1	Participant	Numeric	8	0	Respondent Number	None	None	11	Right	Scale	Inpu
2	Q1_Age	Numeric	8	0	Pg_1_Q1 Respondent Age	{1, under 40}...	None	8	Right	Nominal	Inpu
3	Q2.1_County	String	100	0	Pg_1_Q2.1 Respondent County: What count...	None	None	8	Left	Nominal	Inpu
4	Q2.2_Zip_C...	String	100	0	Pg_1_Q2.2 Respondent Zip Code; What is y...	None	None	8	Left	Nominal	Inpu
5	Q3_Veteran...	Numeric	8	0	Pg_1_Q3 Respondent veteran status; I am a ...	{0, No}...	None	10	Right	Nominal	Inpu
6	Q4_Marital_...	Numeric	8	0	Pg_1_Q4 Respondent marital status	{1, Married or partnered}...	None	8	Right	Nominal	Inpu
7	Q5_Ethnicity	Numeric	8	0	Pg_1_Q5 Respondent ethnicity; I am Hispani...	{0, No}...	None	8	Right	Nominal	Inpu
8	Q6_Race	Numeric	8	0	Pg_1_Q6 Respondent race; I consider my ra...	{1, White/Caucasian}...	None	8	Right	Nominal	Inpu
9	Q7_Gender	Numeric	8	0	Pg_1_Q7 Respondent gender; My gender is	{1, Female}...	None	8	Right	Nominal	Inpu
10	Q8_Living_...	Numeric	8	0	Pg_1_Q8 Respondent living status; I live...	{1, Alone}...	None	8	Right	Nominal	Inpu
11	Q9_Caregiv...	Numeric	8	0	Pg_1_Q9 Respondent caregiving status; Are ...	{0, No}...	None	8	Right	Nominal	Inpu
12	Q10.1_Tran...	Numeric	8	0	Pg_2_Q1.1 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
13	Q10.2_Hom...	Numeric	8	0	Pg_2_Q1.2 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
14	Q10.3_Con...	Numeric	8	0	Pg_2_Q1.3 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
15	Q10.4_Pers...	Numeric	8	0	Pg_2_Q1.4 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
16	Q10.5_Hom...	Numeric	8	0	Pg_2_Q1.5 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
17	Q10.6_Resi...	Numeric	8	0	Pg_2_Q1.6 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
18	Q10.7_Adul...	Numeric	8	0	Pg_2_Q1.7 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
19	Q10.8_Heal...	Numeric	8	0	Pg_2_Q1.8 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
20	Q10.9_Care...	Numeric	8	0	Pg_2_Q1.9 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
21	Q10.10_Car...	Numeric	8	0	Pg_2_Q1.10 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu
22	Q10.11_Evi...	Numeric	8	0	Pg_2_Q1.11 Rank of importance scale of 1-14	{1, Most important}...	None	8	Right	Ordinal	Inpu

Appendix C – APE Product 3 – Caregiver Analysis TPHA Abstract

Background: The demand for caregivers to help older individuals maintain independence, provide social support, and contribute to life satisfaction has increased drastically over the last decade. Caregiving for aging populations can lead to increased stress and burnout and is considered a growing public health concern. One goal of an Area Agency on Aging (AAA) is to provide access to resources and support aging individuals and caregivers.

Objective(s): This analysis aims to understand caregiver strategies to mitigate stress.

Methods: A retrospective review of random cases from the past 5 years was conducted in summer of 2023. Data were collected using a standard 51-question Dallas AAA caregiver assessment via in-person or phone interview. Caregiver stress and coping mechanisms were assessed with categorical, Likert, and open-ended questions. Qualitative and quantitative analyses summarized findings.

Results: Respondents (n=41) were primarily older (M=62±11 years), low-income (66%), female (90%), Black or African American (78%), and married (59%). All respondents provided care on a weekly basis (M=4.3±3.1 years). Over half of respondents (59%) agreed caregiving was stressful (63% low, 22% moderate, 12% high level of stress). Providing care while managing other responsibilities increased stress (39%) and financial strain (24%). Open-ended responses for stress coping mechanisms were categorized into five themes: time alone (78%), prayer and meditation (49%), exercise (39%), time outdoors (37%), and time with others (29%). Overall, 85% agreed their chosen coping mechanisms helped to relieve stress.

Conclusions: Caregivers experience increased stress and financial strain due to their responsibilities. Time alone, prayer and meditation, and exercise are common mechanisms to cope with caregiver stress.

Public Health Implications: This AAA data provides helpful insights into the stress and coping mechanisms of caregivers. These results can be utilized to help inform public health caregiver education programs and distribution of resources offered by local public health agencies to support caregivers and mitigate stress.

Appendix D – APE Product 4 – Daily Journal

Sample Journal Entry 1: Day 3 – DART Event for Older Americans Month

- Health fair → Assisting 1,200+ seniors/community members
- Interacting with stakeholders
- Survey collection for needs assessment:
    - 250+ surveys
    - "Hello… I'm Kendra with the Community Council of Greater Dallas. Would you mind taking 5 minutes to fill out this survey, so that we can get a better understanding of the needs of the community and resources to offer."
- Disseminating information regarding the different services offered by the AAA

Sample Journal Entry 2: Day 9 – Survey Data collection

- Gathered 6 more surveys over the phone
- Interacted with community members (20-30 minutes per phone call)
- Scheduled community events
    - Referral event next week
        - Printing prep needed for this
    - FamFest = June 29th
- Discussed survey next steps for data entry
- Self-guided systems-based thinking learning

Sample Journal Entry 3: Day 11 – Surveys and Planning:

- Schedule:
    - Monday: SURVEY ENTRY and senior center prerp
        - packets
    - Tuesday: Senior Center @ 10:00am-1:00pm
        - Referrals, release forms (PRIORITY); assessments (if possible)
        - Clients need to bring bills
            - Electric, gas, water, etc. (utilities)
        - Health maintenance
    - Wednesday: Bingo @ 1:30-3:00pm
    - Thursday: TBD
- SURVEY ENTRY!!!!!
- Observed case managers work a tricky case (AC case)
    - Advocating for the client and being creative

Sample Journal Entry 4: Day 22 – Data Analysis and Area Plan Work

- Data analysis → Needs assessment
    - Frequency counts on various variables
- Area Plan
    - Narratives
        - Caregiver, care coordination, transport, legal, residential repair, chore, information and resources, in-home services, income support, health maintenance, respite in-home, respite voucher

Sample Journal Entry 5: Day 26 – Case Management and Data Entry

- Wrote and types Legal notes (12 cases)
- Case organization (12+ cases)
- Service authorizations review
- Caregiver data side project data collection
    - Reviewed caregiver assessment surveys
    - Created SPSS database
    - Entered data into SPSS

Sample Journal Entry 6: Day 29 – Case Management and Area Plan Work

- Area Plan
    - Data analysis – created additional graphs for area plan
    - Add two narratives (total of 12)
- Completed (30) service authorization forms
- Estimates (6)
- Follow-up phone calls to finish referrals and complete assessments

Sample Journal Entry 7: Days 31 & 32 – Case Management and Wrap Up

- Helped organize case files (30+)
- Revise area plan narratives
- Call clients (6)
- Complete referrals and assessments (2)
- Log final hours