

# **Master of Public Health Field Experience Report**

## **CREATING THE EVALUATION TEMPLATE FOR THE 2017-2019 SEDGWICK COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN**

by

**MATTHEW POWELL, M.D.**  
MPH Candidate

submitted in partial fulfillment of the requirements for the degree

### **MASTER OF PUBLIC HEALTH**

#### **Graduate Committee:**

Dr. Richard Rosenkranz  
Dr. Sara Rosenkranz  
Dr. Mark Haub

#### **Field Experience Site:**

Health ICT, Medical Society of Sedgwick County  
Wichita, Kansas  
Spring 2016

#### **Field Experience Preceptor:**

Becky Tuttle

#### **KANSAS STATE UNIVERSITY**

Manhattan, Kansas

**2017**

# **Copyright**

Matthew B. F. Powell

2017

## **Summary**

A community health analysis (CHA) is a structured approach to assess the public health needs within a community in order to continue to improve the health of the people that reside there. A community health improvement plan (CHIP) is the initiative set forth from the health analysis to actively utilize community resources to improve those public health areas previously identified. In 2015, community health leaders in Sedgwick County completed the CHA and followed it by completing their CHIP in 2016. What was created was the 2017-2019 Community Health Improvement Plan for Sedgwick County. However, what was lacking was an evaluation tool that could be used to periodically assess the CHIP to ensure that the strategies being used would actually lead to the desired outcomes by the end of 2019.

This is a report of my field experience for my master of public health degree in which I, with the help of Becky Tuttle and several other community health leaders, constructed the evaluation template for the 2017-2019 Sedgwick County CHIP.

## Table of Contents

|   |    |
|---|----|
| List of Figures .....                                   | 5  |
| Acknowledgements .....                                  | 6  |
| Chapter 1 – Field Experience Report .....               | 7  |
| Background .....  | 7  |
| Experience.....   | 8  |
| Understanding Sedgwick County & The 2017-2019 CHIP..... | 8  |
| Understanding Formal Evaluations.....                   | 11 |
| Evaluation Design.....                                  | 11 |
| Assumptions & Ethical Considerations.....               | 17 |
| Results.....  | 18 |
| Evaluation Template .....                               | 19 |
| Health Behaviors.....                                   | 19 |
| Clinical Care .....                                     | 23 |
| Social & Economic Factors .....                         | 26 |
| Physical Environment.....                               | 29 |
| Infant Mortality .....                                  | 32 |
| Chapter 2 – Learning Objectives.....                    | 36 |
| Chapter 3 – Conclusion .....                            | 40 |
| References .....  | 41 |

## **List of Figures**

|                                      |    |
|--------------------------------------|----|
| Health Alliance Web Model.....       | 10 |
| Theory of Change Model .....         | 12 |
| Evaluation Template Logic Model..... | 15 |

## **Acknowledgements**

I would like to start by thanking my preceptor, Becky Tuttle, for all of her help and patience in working with me on my MPH field experience. I was able to learn so much about what public health means from a person who truly cares about her community and has dedicated her life to improving the health of those in Wichita, Kansas and Sedgwick County. It really has been an inspiration learning from her during my field experience and working with her on the Sedgwick County CHIP evaluation (Roy, 2016).

I also want to thank my major professor, Dr. Richard Rosenkranz, for his support for over half of a decade. While I started working on my MPH to expand upon my medical knowledge, what I found was a completely new understanding of what health means and how I can not only improve the lives of my future patients but also improve the lives of my entire community. Dr. Rosenkranz has been at the forefront of this endeavor and I am forever thankful for his mentorship during this time.

Furthermore, I would also like to thank Dr. Sara Rosenkranz, Dr. Mark Haub and Dr. David Dzewaltowski for also being a part of my education and experience in public health as well as also being a part of my advisory committee for my MPH.

Lastly, I would like to thank my loving wife, beautiful daughter and the rest of my family and friends who have been such a support throughout my life.

# Chapter 1 – Field Experience Report

## Background

The Sedgwick County Community Health Improvement Plan (CHIP) was created to mobilize community resources in order to address priority health issues in Sedgwick County, Kansas from 2017 to 2019. Prior to the CHIP being established, the Community Health Assessment (CHA) identified priority health issues after community health data was reviewed and certain areas were determined to be substandard when compared to other counties at the state and national level. The CHIP was then organized by a Mobilizing for Action through Planning and Partnerships (MAPP) steering committee, which was made up of several community health leaders and finalized in 2016 (Armbruster et al., 2016).

The CHIP is important because it is the sole community health initiative to improve important health discrepancies at the municipal and county level, and, therefore, the primary vehicle to improve the health and lives of people living in Sedgwick County for the next three years. A periodic evaluation allows the results from the CHIP to be regularly checked and followed over time to assess when any changes need to be made (National Association of County and City Health Officials [NACCHO], 2009; 2013). Strategies that create positive results can then be continued and used as examples while other strategies that show poor results can be changed prior to the end of the CHIP. Such an evaluation plan helps to ensure that the outcomes of this important health project are met. However, while the CHIP started at the beginning of 2017, no evaluation plan currently existed to review any changes in these priority health areas.

| Priority Health Areas and Community Health Indicators |                             |                                |                                   |                              |
|---|-----------------------------|--------------------------------|-----------------------------------|------------------------------|
| Health Behaviors                                      | Clinical Care               | Social & Economic Factors      | Physical Environment              | Infant Mortality             |
| Percent obese adults                                  | Percent uninsured           | Percent children in poverty    | Percent severe housing problems   | Sleep related deaths         |
| Teen birth rate                                       | Mental health provider rate | Percent high school graduation | Limited access to healthy foods   | Premature birth              |
| Physically inactive adults                            | Percent diabetic screening  | Violent crime rate             | Access to recreational facilities | Infant mortality disparities |
| Tobacco use prevention                                |                             |                                |                                   |                              |

Usually counties in Kansas and the rest of the U.S. have a designated community health analyst who is trained in evaluating different county health projects and ensures the community health outcomes are met. However, due to budget cuts to the Sedgwick County Health Department (SCHD), this position was dropped in 2015 and the subsequent work has been left for other community health leaders to do on their own. This was a large reason for several community organizations having to collaborate on this project. In 2017, however, the county has once again allocated funds to hire a new community health analyst for Sedgwick County, and there is currently an ongoing search (Sedgwick County Department of Finance, 2016).

As a Master of Public Health (MPH) candidate, part of my requirements are to complete a capstone project based in public health. My goals prior to starting my project were to work with a large community health group and understand how resources are allocated and used for community health projects. I also wanted to work with public health leaders on a project that would directly help my community.

With the help of my major professor, I was able to first meet Ty Kane, the project manager for the Center of Public Health Initiatives at Wichita State University, and then Becky Tuttle, who at the time was the project manager of Health ICT until recently and now is the Community Development Director for the Greater Wichita YMCA. Ty and Becky were integral to the decision-making of the CHA and implementation of the CHIP, and they understood that with the CHIP complete the resources were not available for someone to start working on a strategy to complete an evaluation template. I was able to fill that void created by these past budget cuts while being immersed in the public health field for my MPH capstone project. Ultimately, I was tasked with creating a template for the CHIP evaluation so the strategies can be periodically checked, long-term outcomes met and the success of the CHIP ensured. Also, it is the hope of those working on the CHIP that by the time the CHIP is ready to be evaluated, a community health analyst will have been hired and can use this template for future evaluations.

## **Experience**

### ***Understanding Sedgwick County and the 2017-2019 CHIP***



In starting my field experience, I had several meetings with various community health leaders to discuss the formation and structure of the CHIP evaluation. My first lesson when immersed in public health was how complicated it can be to determine the appropriate person from the correct organization is needed to discuss certain aspects of a large community health initiative. Becky was a significant help in getting educating me regarding the history of past CHIPs in Sedgwick County. A wonderful introduction for me about how CHAs and CHIPs are organized stemmed from this initial conversation as I was introduced to the National Association of County and City Health Officials (NACCHO). I learned that the Mobilizing for Action through Planning and Partnership (MAPP) was a framework put forth by NACCHO that focuses community leaders to consider important public health issues and create a process to improve the health system of their community. The MAPP framework in Sedgwick County was first utilized for the 2010 CHIP and has been used for every CHIP since, including the current version.

I began to realize that in order to begin creating an evaluation I needed to better understand the needs of the community that led to the formation of the CHIP. After reviewing the CHIP, I wanted to understand the reasons behind why these particular public health aspects were chosen, why these specific outcomes and goals were used to improve these public health areas, and who would be responsible for carrying out the strategies within the CHIP that were to lead to the fulfillment of these outcomes. What I found in Sedgwick County was the infrastructure that was required to organize and carry out the CHIP was quite diverse, as multiple entities were needed to come together in order to create the CHA and CHIP.

After several initial meetings it was becoming clear that the CHA/CHIP were, in part, able to be created by several organizations adding this project on to their responsibilities, particularly Health ICT. The Kansas Department of Health and Environment (KDHE) funds Health ICT to work on public health initiatives that would reduce the incidence of obesity, diabetes, heart attack and stroke in Wichita, Kansas (Health ICT, 2015). This made Health ICT a great organization to spearhead the CHA/CHIP, but given the infrastructure dynamic of Wichita and Sedgwick County, clearly more organizations were needed to ensure the CHA/CHIP was provided with adequate resources to be done correctly and carried out fully. For this reason, Health ICT was the primary driver for the formation of the Wichita Health Alliance (WHA).

The WHA is a group of community health leaders that came together from several different organizations to work in cooperation with one another and essentially became the responsible party for organizing and creating the CHA/CHIP and making it all possible (Figure 1).

**Figure 1. WHA Collaborative Effort**



### ***Understanding Formal Evaluations***

The purpose of this project was to create an evaluation template for the Sedgwick County CHIP. Therefore, I needed to better familiarize myself with formal evaluation strategies for large community health initiatives with set activities, outcomes and goals already made. I was able to find several sources that greatly improved my understanding of how to implement an evaluation such as this.

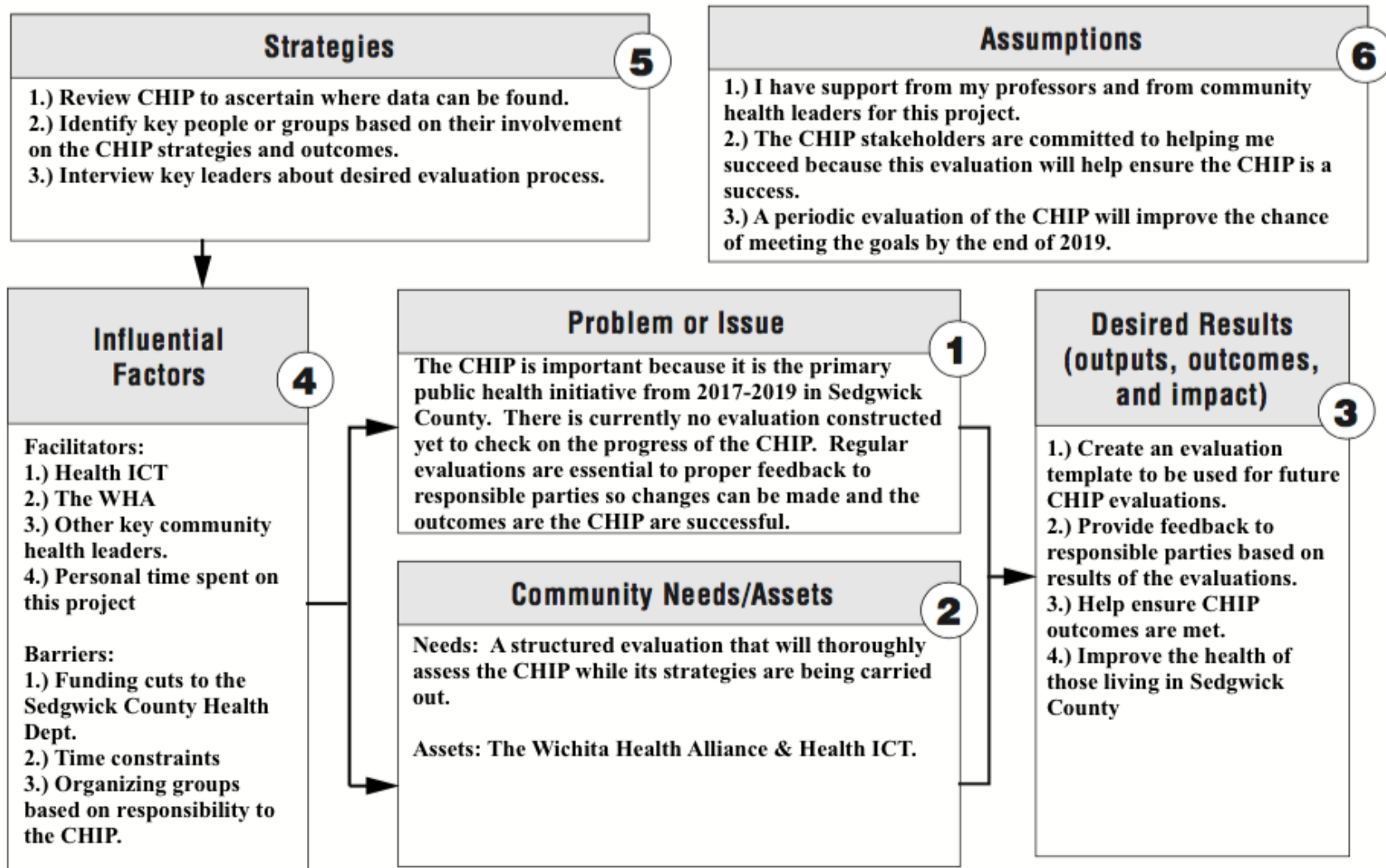
In considering the type of evaluation I was to construct, I found it consistent with a Tier 3 evaluation strategy based on Jacobs' (1988) Five-Tiered Approach to Program Evaluation. This allowed me to see that the evaluation I needed to complete would be one that would improve the program by giving information to its stakeholders. I also found that this type of periodic evaluation for the CHIP could be classified as a formative evaluation. A formative evaluation is one that focuses on the strategies and short-term outcomes of a program with the intent to improve the program by bringing suggestions directly to the stakeholders (Kellogg, 2004, p35). Stakeholders will then be able to use these results and monitor the effectiveness the CHIP strategies have had in working toward accomplishing the short-term outcomes. It thus allows any corrections to be made to the CHIP in a timely manner to ensure the outcomes are met by the end of 2019.

It was now clear that my primary objective would be to increase the knowledge about the program for the stakeholders. With this focus, I realized that I needed to assess the interconnections between CHIP stakeholders and CHIP strategies and outcomes. This was helped made clear with the use of a program theory template within the W. K. Kellogg Foundation Logic Model development guide (2004, p57), and helped me build into my logic model (Figure 2). The next step would be to examine the social context of Sedgwick County and implementation process of the CHIP to better understand the root of the public health issues in order to build a proper evaluation plan.

### ***Evaluation Design***

Understanding and cultivating community linkages is an important process in the design of an evaluation (Nall, Prince, Davis, & Murry, 2013). This was even more important for this

Figure 2. Program Theory Template



(Template used from Kellogg, 2004).

evaluation given all of the organizations that were needed to create and execute the Sedgwick County CHIP. Networking was then a natural start to my collaboration efforts because of the need to utilize all available resources, specifically communicating with various county and community health leaders to discuss strategies they used for prior CHIP evaluations. Creating a flexible dialogue between myself and these health leaders allowed me to gain insight into what worked and what did not in past CHIP evaluations, and I better understood certain beneficial aspects and could avoid barriers that were previously unknown to me.

My initial evaluation questions revolved around understanding the need for the program, followed by an assessment of the program design and implementation processes (Rossi, Lipsy, & Freeman, 2004, p. 80). After meeting with various community health leaders, I better understood the context of the CHIP and was, therefore, able to better understand the stakeholders' reasoning for the three desired short-term outcomes.

Given my discussions with Health ICT and various members of the WHA, they had clearly become an essential resource as my community linkage with this group quickly changed from a networking relationship to more of a partnership. Again, the reason being that the efforts needed to make the CHA and CHIP a success had primarily fallen to these groups when the county did not allocate resources to complete the assessment and plan, themselves. This made them invaluable as they were not only my primary resource in understanding the assumptions and background of the CHA/CHIP, but were also my primary stakeholders that helped forge the template's specific evaluation strategies.

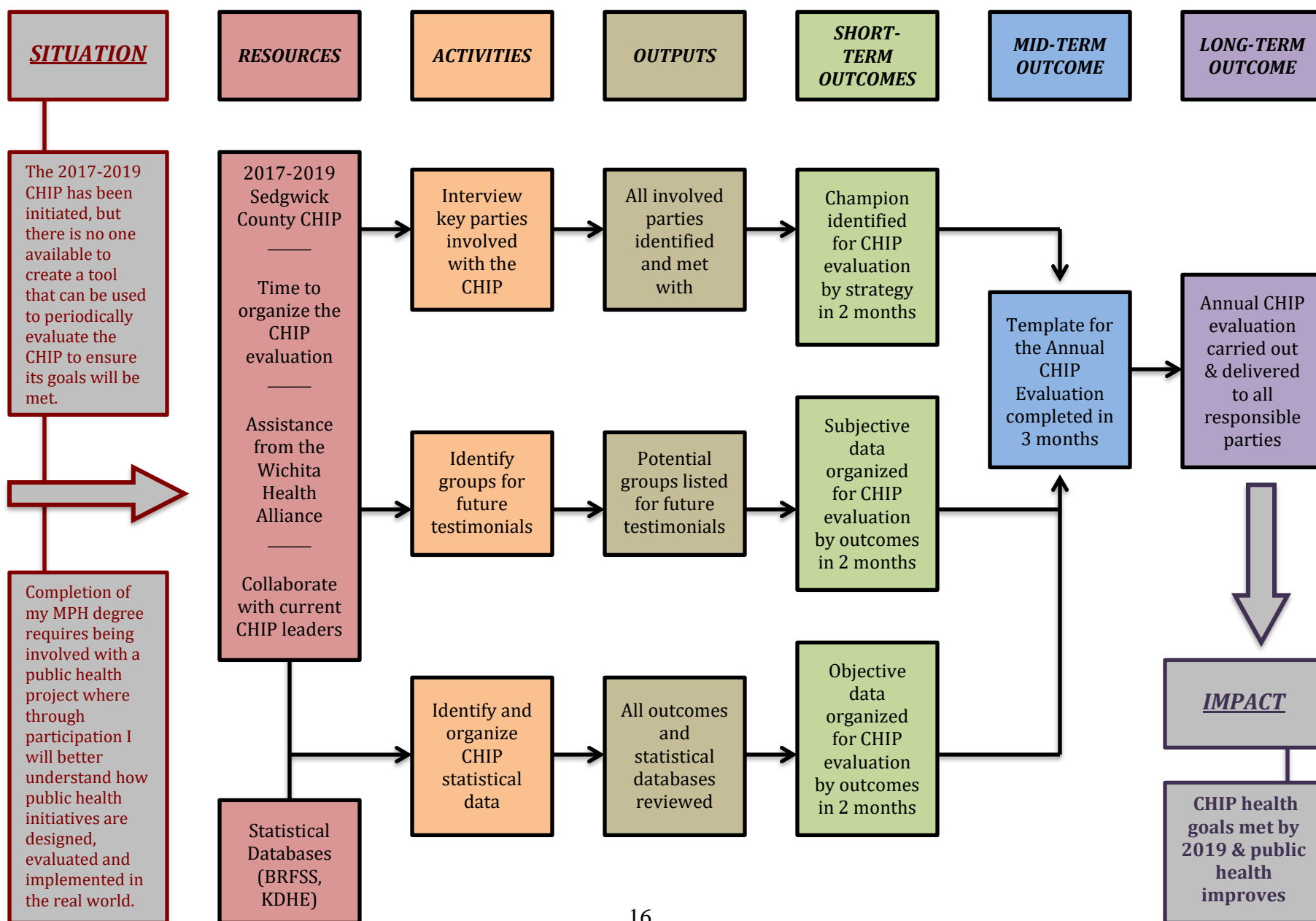
Other stakeholders who were also involved were from the organizations that have been charged with accomplishing specific CHIP outcomes. I interviewed these groups to better determine how they planned to execute the CHIP strategies. This ensured the evaluation template that I built coincided with specific outcomes that they would like to know about after the evaluation process. For instance, at a Health Alliance Meeting, which is Sedgwick County's monthly community health meeting run by the WHA, I was able to meet several leaders and hear them speak about their organization's efforts in affecting healthy changes in the community and understand the primary collaborative linkage of the CHA/CHIP. For example, a leader from the

Wichita YMCA spoke about her group's efforts to improve access to a healthy physical environment, which was a core health indicator for the CHIP. I was also able to listen to the Director of Housing and Community Services Department from the City of Wichita discuss current issues about the percentage of people living with a severe housing problem and future strategies to decrease this percentage, again another CHIP health indicator. This collaboration was very insightful as I was able to see how independent organizations can come together to work on different parts of the CHIP in order to accomplish a shared vision for our community.

In better understanding the background of the CHA and CHIP and how my stakeholders wanted to specifically evaluate the CHIP, I moved forward with my evaluation process by creating a logic model. After several meetings, the three short-term outcomes that were decided upon were to organize objective data by compiling the databases used to compare county health outcomes that defined each CHIP health indicator, organize subjective data by compiling possible sources for interviews and testimonials about how particular CHIP health indicators have helped people, and identify a champion for every CHIP strategy within each health indicator. These three short-term outcomes were important because they included the data used to evaluate Sedgwick County and create the CHIP, they engaged community members in a meaningful way that would return results directly to stakeholders (NACCHO, 2009), and finally they ensured the dissemination of the results would be delivered to the responsible party who would utilize these findings by creating changes to the CHIP strategies (Figure 3).

Knowing these short-term outcomes, I began compiling my available resources that I had available to help me accomplish these outcomes. I had already been using several resources, but utilizing a logic model allowed me to clearly organize my resources in moving forward. The Sedgwick County CHIP and the time I had available to work on this project were the most obvious resources that would define the specifics of the short-term outcomes. The primary stakeholders were from Health ICT and the WHA for their integral involvement with the CHIP formation and execution. They had already participated by being my key informant interviews for determining how best the CHIP should be evaluated by drawing on past experiences with previous CHIPS and their background knowledge of the current CHIP. Lastly, the WHA also helped me navigate all three of the outcomes.

**Figure 3. Logic Model for the 2017-2019 Sedgwick County CHIP Evaluation Template**





Another resource that I consistently used was to interview leaders from different organizations who were responsible for implementing the strategies within the CHIP, itself. While it would not be beneficial to meet with an entire organization, I did meet with a liaison of sorts. This allowed me to better understand why those executing the strategy believe it will work and eventually lead to the CHIP outcomes. These interviews helped me reach two of my short-term outcomes by directly identifying the best person to eventually be responsible for altering specific CHIP strategies following an evaluation, and by indirectly identifying any potential people or groups who could give future testimonials on how the CHIP has helped or hindered their health and wellness. The last major resource was the databases utilized to look at different community health statistics that determined what public health areas Sedgwick County was deficient in. With the help of Becky, as well as other health leaders, I compiled these statistics in the evaluation template so they would be easily accessible when the CHIP is evaluated.

With these resources, I was able to actively identify a responsible champion for each CHIP strategy while organizing both objective and subjective data for each CHIP outcome. By successfully organizing the CHIP evaluation template by these three primary outcomes, a comprehensive evaluation plan was created with the possibility for use at anytime. Afterward, an annual evaluation can be completed and the results shared with the individuals responsible for CHIP strategy. Following a potential adjustment for every strategy where needed, steps can be made to ensure the CHIP outcomes are met by 2019, and ultimately the health of those living in Sedgwick County will be improved.

Finally, as I organized key interviews and compiled the subjective and objective data, I also met with members of the WHA every one to two weeks to ensure ongoing communication about the progress of the evaluation and ensure that my primary stakeholders were continually a part of the decision-making process (Preskill & Rust-Eft, 2005, p. 310).

After the evaluation plan was completed, I gained approval from the WHA and finalized the CHIP evaluation template.

## **Assumptions & Ethical Considerations**

One major assumptions inherent to this project are that creating an evaluation tool will help ensure the outcomes of the CHIP are successful when they may not have been if no such evaluation was completed. Another assumption is that these three short-term outcomes will be the correct way to evaluate the CHIP. I believe these assumptions to be correct for several reasons. First, is that I have great support from my school and community leaders for my capstone project. Both sides have given me the tools to be successful by donating their time and understanding to how to go about this process. Second, the stakeholders themselves have been involved with several CHA/CHIPs as well as their evaluations in the past. This goes with the first point to some degree, but specifically notes that several community leaders have put together CHIP evaluations before and know what has worked and what has not in the past. Their past experiences will help guide me toward ensuring the short-term outcomes will be effective measures on which the template is based.

In considering these assumptions on which the CHIP evaluation template is created, potential ethical concerns should always be considered when developing an evaluation as well. The American Evaluation Association in 2004 put forth the Guiding Principles for Evaluators, which were systemic inquiry, competence, integrity, respect for people, and responsibility for general welfare (Real World Evaluation, 2004, pg. 174). However, this evaluation of the CHIP has little room for violating these ethical standards, mainly because the CHIP has already been created and this project was simply putting together the evaluation process for it. However, one potential concern is people's protected health information (PHI) during and after interviews. One of the ways the stakeholders wanted to evaluate the CHIP was to have a list of potential interviewees who would give personal accounts of how the CHIP has helped and/or hindered different aspects of their lives. These interviews may include some personal information a person may discuss during an informal interview, but he or she would not want it broadcast at a Health Alliance Meeting. Therefore, some thought would need to be given to how the evaluation handles this type of information so that the testimonials impact the stakeholders but not at any expense to the person sharing his or her story.

## **Results**

Upon completion, the CHIP evaluation template will be presented to the primary stakeholders in order to discuss the completed evaluation plan and convey when evaluations will occur. Stakeholders will then know when to expect to hear about the effectiveness of their strategies in order to improve the program overall (Preskill & Rust-Eft, 2005, p. 311). With the stakeholders informed and the ability to periodically use an effective evaluation template, I hope to ensure the success of the CHIP goals by 2019 and the health of those living in Wichita, Kansas and Sedgwick County will directly improve because of this evaluation plan.

| Health Indicator #1:<br>Adult Obesity |                   |  |   |   |
|---------------------------------------|-------------------|--|---|---|
|                                       | <b>OUTCOMES</b>   | Maintain or reduce the rate of adult obesity.  | Increase the awareness of messages in a local media campaign promoting healthy living and physical activity.  | Maintain the number of people participating in the Working Well Conference.   |
|                                       | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot</a> |   | <b>Health &amp; Wellness Coalition</b><br><a href="https://hwcwichita.org/worksite-wellness/working-well-conference/">https://hwcwichita.org/worksite-wellness/working-well-conference/</a> |
|                                       | <b>Testimony</b>  |  | <b>Tammi Krier</b><br>(Health Eating Director, Wichita YMCA)<br><b>Shelley Rich</b> (Health ICT)<br><a href="https://healthict.org/working-well-ict/">https://healthict.org/working-well-ict/</a> |   |
|                                       | <b>STRATEGIES</b> | Assure evidence-based obesity interventions for populations with highest disease burden.   | Increase prevalence of health food and beverage policies at worksites.  | Make the business case for obesity prevention and treatment.  |
|                                       | <b>Owner</b>      | <b>Justin Moore</b> (Health ICT)<br><a href="https://healthict.org/who-we-are/">https://healthict.org/who-we-are/</a>  | <b>Shelley Rich</b> (Health ICT) - We All Eat<br><a href="https://healthict.org/working-well-ict/">https://healthict.org/working-well-ict/</a>  | <b>Janet Hamous</b><br>(Wichita Business Coalition on Health Care)<br><a href="https://www.wbchc.com/contact">https://www.wbchc.com/contact</a>   |
|                                       | <b>MARKETING</b>  |  |   |   |
|                                       |                   |  |   |   |

| Health Indicator #2:<br>Teen Birth Rate |                   |  |  |  |  |
|---|-------------------|--|--|--|--|
|   | <b>OUTCOMES</b>   | Reduce teen birth rate of 50 teen (15-19 years) births per 1,000.  |  |  |  |
|   | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapsh">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapsh</a><br>ot |  |  |  |
|   | <b>Testimony</b>  | -  |  |  |  |
|   | <b>STRATEGIES</b> | Advocate for re-establishment of PREP funding.   | Implement strategies to prevent unintended pregnancies.  |  |  |
|   | <b>Owner</b>      | <b>Candace Johnson</b> (Healthy Babies)<br><a href="http://www.sedgwickcounty.org/healthdept/healthybabies.asp">http://www.sedgwickcounty.org/healthdept/healthybabies.asp</a>   | <b>PREP Funding</b><br><a href="https://www.acf.hhs.gov/fysb/resource/prep-fact-sheet">https://www.acf.hhs.gov/fysb/resource/prep-fact-sheet</a> |  |  |
|   | <b>MARKETING</b>  |  |  |  |  |
|   |                   |  |  |  |  |
|   |                   |  |  |  |  |
|   |                   |  |  |  |  |
|   |                   |  |  |  |  |

| Health Indicator #3:<br>Physically Inactive Adults |                   |  |  |   |
|--|-------------------|--|--|---|
|  | <b>OUTCOMES</b>   | Reduce the rate of adult physical inactivity from 25% to 22.5%.  | Increase the number of centerline miles of bicycle paths.  | Triple the amount of bicycling in Wichita.  |
|  | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot</a> | <b>Becky Tuttle</b><br>(Health ICT)<br>Becky has access to mileage changes.  |   |
|  | <b>Testimony</b>  |  | <b>Scott Wadle</b><br>(City of Wichita)<br><a href="http://www.wichita.gov/Bicycle/Pages/default.aspx">http://www.wichita.gov/Bicycle/Pages/default.aspx</a> | <b>Troy Houtman</b> (City of Wichita, Parks & Rec)<br><a href="http://www.wichita.gov/ParkandRec/Boards/Pages/ParkBoard.aspx">http://www.wichita.gov/ParkandRec/Boards/Pages/ParkBoard.aspx</a><br><b>Kim Neufeld</b><br>(Bike Walk Wichita)<br><a href="http://bikewalkwichita.org/">http://bikewalkwichita.org/</a> |
|  | <b>STRATEGIES</b> | Increase prevalence of physical activity policies at worksites.  |  |   |
|  | <b>Owner</b>      | <b>Becky Tuttle &amp; Shelley Rich</b> (Health ICT)<br><a href="https://healthict.org/working-well-ict/">https://healthict.org/working-well-ict/</a>   |  |   |
|  | <b>MARKETING</b>  |  |  |   |

| Health Indicator #4:<br>Adult Smoking Rate |                   |  |  |  |  |
|--|-------------------|--|--|--|--|
|  | <b>OUTCOMES</b>   | Reduce the rate of adult smokers from 18% to 16%   |  |  |  |
|  | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot</a> |  |  |  |
|  | <b>Testimony</b>  |  |  |  |  |
|  | <b>STRATEGIES</b> | Collaborate with health care providers to promote smoking cessation.   | Collaborate with community partners to address smoking rates among residents with mental illness | Promote policies such as tobacco free grounds, smoke free housing and tobacco retailer initiatives   |  |
|  | <b>Owner</b>      | <b>Tara Nolen</b> (KAFP)<br><a href="mailto:tnolen@kafponline.org">tnolen@kafponline.org</a><br><a href="http://www.kafponline.org/aboutus/staff/">http://www.kafponline.org/aboutus/staff/</a>  | <b>Kim Neufeld</b><br><a href="mailto:kneufeld@kafponline.org">kneufeld@kafponline.org</a>       | <b>Jon Hall</b> (City of Wichita, Housing and Community Services Department)<br><b>Debbie Williams</b> (Derby Health Collaborative)<br><a href="http://www.derbyrec.com/index.aspx?nid=140">http://www.derbyrec.com/index.aspx?nid=140</a> |  |
|  | <b>MARKETING</b>  |  |  |  |  |
|  |                   |  |  |  |  |

| Health Indicator #1:<br>Access to Health Care & Insurance |                   |  |   |  |  |
|---|-------------------|--|---|--|--|
|   | <b>OUTCOMES</b>   | Reduce the percentage of adults who lack health care coverage from 20.1% to 17.4% (state average).   | Reduce the percentage of adults who could not see a doctor because of cost in the past 12 month from 16.3% to 13.6% (state average).  |  |  |
|   | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/count">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/count</a> |   |  |  |
|   | <b>Testimony</b>  |  |   |  |  |
|   | <b>STRATEGIES</b> | Advocate for KanCare expansion to include Sedgwick County residents in the coverage gap.   | Conduct a health impact assessment to explore the potential impact of alternate payment, coverage and care options for the uninsured. |  |  |
|   | <b>Owner</b>      | <b>Julia Voss</b><br>(Project Access - MSSC)<br><a href="http://centralplainshealthcarepartnership.org/">http://centralplainshealthcarepartnership.org/</a>  | <b>County Health Analyst (SCHD) - TBA</b>   |  |  |
|   |                   |  |   |  |  |
|   | <b>MARKETING</b>  |  |   |  |  |



| Health Indicator #2:<br>Access to Mental Health Care Services |                   |  |  |  |   |
|---|-------------------|--|--|--|---|
|   | <b>OUTCOMES</b>   | Increase or maintain the mental health provider rate of 480:1.   |  |  |   |
|   | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot</a> |  |  |   |
|   | <b>Testimony</b>  |  |  |  |   |
|   | <b>STRATEGIES</b> | Advocate for reformation of Medicaid cut, block grant funding and state mental hospital funds.   | Advocate for expansion of Medicaid to enhance funding for services to Kansans with mental illness. | Develop an issue brief to highlight new models that increase access to mental health care. | Encourage wide participation in Mental Health First Aid training. |
|   | <b>Owner</b>      | <b>Rex Lear</b> (Medical Director, COMCARE of Sedgwick County)<br><a href="http://www.sedgwickcounty.org/comcare/directory.asp">http://www.sedgwickcounty.org/comcare/directory.asp</a>  |  |  |   |
|   | <b>MARKETING</b>  |  |  |  |   |

| Health Indicator #3:<br>Diabetes Prevalence |                   |  |  |   |  |   |
|---|-------------------|--|--|---|--|---|
|   | <b>OUTCOMES</b>   | Reduce the percent of adults with diagnosed diabetes from 10.1% to 9.6% (the state average).   |  |   |  |   |
|   | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot</a> |  |   |  |   |
|   | <b>Testimony</b>  |  |  |   |  |   |
|   | <b>STRATEGIES</b> | Raise awareness that Centers for Medicare and Medicaid Services (CMS) will allow claims for diabetes prevention services in 2018.  | Develop an issue brief to explore the economic impact of diabetes management and reduction of diabetes prevalence. | Develop targeted strategies to address populations with high diabetes prevalence. | Promote community or work-site based diabetes screening events | Increase number of lay-educators to provide Diabetes Prevention Program (DPP) and Chronic Disease Self-Management Program (CDSMP) training. |
|   | <b>Owner</b>      | Justin Moore (Health ICT) - <a href="https://healthict.org/who-we-are/">https://healthict.org/who-we-are/</a>  |  |   |  |   |
|   | <b>MARKETING</b>  |  |  |   |  |   |
|   |                   |  |  |   |  |   |

| Health Indicator #1:<br>Children in Poverty |                   |  |  |  |  |   |  |
|---|-------------------|--|--|--|--|---|--|
|   | <b>OUTCOMES</b>   | Maintain or reduce the percent of children in poverty.   |  |  |  |   |  |
|   | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgewick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgewick/county/factors/3/snapshot</a> |  |  |  |   |  |
|   | <b>Testimony</b>  |  |  |  |  |   |  |
|   | <b>STRATEGIES</b> | Eliminate punitive policies limiting receipt of public benefits (such as restricting Temporary Assistance for Needy Families eligibility to a 36-month lifetime limit).  | Expand refundable earned income tax credits for low to moderate income working individuals and families. | Provide financial assistance for center-based or certified in-home child care for working parents and/or parents furthering their education. | Encourage cognitive and social-emotional growth among young children from low-income families (e.g. center-based programs, home visitation, and parental skills training). | Support systems linking high school and post-high school programs to employers. |  |
|   | <b>Owner</b>      | <b>Tyrone Baker</b> (Senior Program Director, Job Prep Program, Greater Wichita YMCA)  |  |  |  |   |  |
|   | <b>MARKETING</b>  |  |  |  |  |   |  |

| Health Indicator #2:<br>High School Graduation |                   |  |  |   |   |  |  |
|--|-------------------|--|--|---|---|--|--|
|  | <b>OUTCOMES</b>   | Maintain for increase the HS graduation rate (83.5% in 2014-2015)  |  |   |   |  |  |
|  | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgewick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgewick/county/factors/3/snapshot</a> |  |   |   |  |  |
|  | <b>Testimony</b>  |  |  |   |   |  |  |
|  | <b>STRATEGIES</b> | Support efforts to improve school attendance.  | Strengthen collaborative mentoring efforts for academic and personal challenges. | Support organized social, academic and physical activities for school-aged youth outside of the school day. | Increase parental engagement and involvement through information, support and training. | Support practices which provide students with healthy food choices in cafeterias, hallways and classrooms. | Support efforts to improve kindergarten readiness. |
|  | <b>Owner</b>      | <b>Beth Oaks</b> (Vice President of Community Planning and Resources)<br><b>Bill Faflick</b> (Assistant Superintendent of Secondary Schools, USD 259)  |  |   |   |  |  |
|  | <b>MARKETING</b>  |  |  |   |   |  |  |
|  |                   |  |  |   |   |  |  |

| Health Indicator #3:<br>Violent Crime |                   |  |   |   |  |  |  |
|---------------------------------------|-------------------|--|---|---|--|--|--|
|                                       | <b>OUTCOMES</b>   | Maintain for decrease the rate of violent crime (790/100,000 in 2015).   |   |   |  |  |  |
|                                       | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgewick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgewick/county/factors/3/snapshot</a> |   |   |  |  |  |
|                                       | <b>Testimony</b>  |  |   |   |  |  |  |
|                                       | <b>STRATEGIES</b> | Expand policing philosophy based on community partnerships, problem-solving techniques and proactively addressing public safety concerns.  | Encourage collaborative community conversations and interactions. | Employ intensive, multi-systemic interventions that address individual and environmental factors affecting antisocial behaviors among juvenile offenders. |  |  |  |
|                                       | <b>Owner</b>      | Gordon Ramsey (Chief of Police, City of Wichita)   |   |   |  |  |  |
|                                       | <b>MARKETING</b>  |  |   |   |  |  |  |

| Health Indicator #1:<br>Percent Severe Housing Problems |                   |  |  |   |  |  |  |
|---|-------------------|--|--|---|--|--|--|
|   | <b>OUTCOMES</b>   | Reduce the percent of homes with severe housing problems from 14% to 10.1% (state avg).  |  |   |  |  |  |
|   | <b>Data</b>       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgewick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgewick/county/factors/3/snapshot</a> |  |   |  |  |  |
|   | <b>Testimony</b>  |  |  |   |  |  |  |
|   | <b>STRATEGIES</b> | Develop a stronger relationship between public health and housing sectors.   | Increase public health presence in the development of the City of Wichita Master Housing Plan. | Develop an issue brief to explore the health impact of current policies around housing inspections or potential impact of policy changes. |  |  |  |
|   | <b>Owner</b>      | Jon Hall (City of Wichita, Housing and Community Services Department)<br>Becky Tuttle (Health ICT)<br><a href="https://healthict.org/working-well-ict/">https://healthict.org/working-well-ict/</a>  |  |   |  |  |  |
|   | <b>MARKETING</b>  |  |  |   |  |  |  |

| Health Indicator #2:<br>Limited Access to Health Foods |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| <b>OUTCOMES</b>  | Increase the farmers market density (0.01 per 1,000 population).             | Reduce the percentage of children with low access to a grocery store from 8% to 6.2% (Kansas median percentage). |   |  |  |  |
| <b>Data</b>  | <b>Tammi Krier</b><br>(Health Eating Director, Wichita YMCA)                 |  | Tammi will call   |  |  |  |
| <b>Testimony</b>                                       |  |  |   |  |  |  |
| <b>STRATEGIES</b>                                      | Support local efforts to address or prevent food deserts in Sedgwick County. | Explore implementation of the Double Up Food Bucks program for Sedgwick County.                                  | Continue work with the City of Wichita on improvements to the farmers market ordinance resources. | Promote new famers markets, market vendors and mobile markets. |  |  |
| <b>Owner</b>   | <b>Tammi Krier</b><br>(Health Eating Director, Wichita YMCA)                 |  | <b>Donna Pearson McClish</b><br>(Common Ground Producers & Growers)                               |  |  |  |
| <b>MARKETING</b>                                       |  |  |   |  |  |  |

| Health Indicator #3:<br>Access to Healthy Physical Environment |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| <b>OUTCOMES</b>  | Double the percentage of CIP dollars that are budgeted for active forms of transportation.   | Increase the percentage of population within 1/4 mile of bicycle facilities.   |   |  |  |  |
| <b>Data</b>  | <b>Scott Wadle</b><br>(City of Wichita)<br><a href="http://www.wichita.gov/Bicycle/Pages/default.aspx">http://www.wichita.gov/Bicycle/Pages/default.aspx</a>         | <b>Becky Tuttle</b><br>(Health ICT)<br><a href="https://healthict.org/working-well-ict/">https://healthict.org/working-well-ict/</a>   |   |  |  |  |
| <b>Testimony</b>   |  | <b>Kim Neufeld</b>   |   |  |  |  |
| <b>STRATEGIES</b>  | Monitor the implementation of the Wichita Bicycle Master Plan, Wichita Pedestrian Master Plan, Wichita Master Parking Plan and Wichita Routine Accommodation Policy. | Identify or establish mixed-use or joint-use agreements to increase opportunities for residents to be active.  | Recommend the City Council re-prioritize the CIP transportation funding to construct infrastructure that improves the safety, convenience and comfort of active transportation. | Encourage the Wichita City Council to reduce and/or eliminate subsidies for parking and driving. | Encourage the Wichita-Sedgwick County Metropolitan Area Planning Commission and the Wichita City Council to reduce and/or eliminate parking minimums for developments. | Fund a health impact assessment to explore proposed projects, plans and policies related to changes to the physical environment. |
| <b>Owner</b>   | <b>Becky Tuttle</b> (Health ICT)<br><b>Kim Neufeld</b> (Bike Walk Wichita)<br><a href="http://bikewalkwichita.org/">http://bikewalkwichita.org/</a>                  | <b>Becky Tuttle</b> (Health ICT)<br><a href="https://healthict.org/working-well-ict/">https://healthict.org/working-well-ict/</a><br><b>Scott Wadle</b> (City of Wichita)<br><a href="http://www.wichita.gov/Bicycle/Pages/default.aspx">http://www.wichita.gov/Bicycle/Pages/default.aspx</a> |   |  |  | <b>County Health Analyst (SCHD) - TBA</b>  |
| <b>MARKETING</b>   |  |  |   |  |  |  |



| Health Indicator #1:<br>Sleep Related Deaths |            |   |  |  |   |
|--|------------|---|--|--|---|
|  | OUTCOMES   | Reduce the rate of sleep-related deaths by 10% in Sedgwick County.  |  |  |   |
|  | Data       | KDHE (SUIDs)<br><a href="http://www.kdheks.gov/hci/as/2015/2015_Annual_Summary.pdf">http://www.kdheks.gov/hci/as/2015/2015_Annual_Summary.pdf</a>   |  |  |   |
|  | Testimony  |   |  |  |   |
|  | STRATEGIES | Strengthen access to data related to infant death for appropriate system partners.  | Ensure all families have a safety approved crib upon hospital discharge. | Encourage obstetric, pediatric and family medicine practices to adopt safe sleep policies, including location, position & environment. | Encourage hospitals to become safe sleep certified (i.e. modeling, training, auditing). |
|  | Owner      | <b>Chrsity Schunn</b> (Kansas Infant Death and SIDS Network)<br><b>Maternal Infant Health Coalition</b> (Medical Society of Sedgwick County)<br><a href="http://www.mssconline.org/index.php/mihc/">http://www.mssconline.org/index.php/mihc/</a> |  |  |   |
|  |            |   |  |  |   |
|  | MARKETING  |   |  |  |   |

| Health Indicator #2:<br>Premature Birth |            |   |   |  |  |
|---|------------|---|---|--|--|
|   | OUTCOMES   | Reduce the rate of late preterm, or live births 34-36 weeks of gestation, to 8.1 in Sedgwick County.  |   |  |  |
|   | Data       | <b>KDHE</b><br><a href="http://www.kdheks.gov/hci/as/2015/2015_Annual_Summary.pdf">http://www.kdheks.gov/hci/as/2015/2015_Annual_Summary.pdf</a>  |   |  |  |
|   | Testimony  |   |   |  |  |
|   | STRATEGIES | Increase collaboration among prenatal and perinatal providers to ensure a continuum of care such as standardized risk assessments and protocols to improve prenatal and perinatal care (e.g. risk assessments, white papers, promote awareness of guidelines).                            | Advocate to expand KanCare and improve reimbursements to providers. | Collaborate with area tobacco education partners to provide cessation opportunities to pregnant women. |  |
|   | Owner      | <b>Carli Schmidt</b> (Assoc. Research Professor, Dept. of Pediatrics, KU School of Medicine-Wichita)<br><b>Maternal Infant Health Coalition</b> (Medical Society of Sedgwick County)<br><a href="http://www.mssconline.org/index.php/mihc/">http://www.mssconline.org/index.php/mihc/</a> |   |  |  |
|   | MARKETING  |   |   |  |  |

| Health Indicator #3:<br>Racial & Ethnic Disparities in Infant Mortality |            |  |   |  |  |
|---|------------|--|---|--|--|
|   | OUTCOMES   | Reduce the overall infant mortality rate by 10%, with focus on reducing the black-white infant mortality gap from 2.5 to 2 or less.  |   |  |  |
|   | Data       | <b>County Health Rankings</b><br><a href="http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot">http://www.countyhealthrankings.org/app/kansas/2015/rankings/sedgwick/county/factors/3/snapshot</a><br><b>KDHE (Mortality Gap)</b><br><a href="http://www.kdheks.gov/hci/as/2015/2015_Annual_Summary.pdf">http://www.kdheks.gov/hci/as/2015/2015_Annual_Summary.pdf</a> |   |  |  |
|   | Testimony  |  |   |  |  |
|   | STRATEGIES | Strengthen the Sedgwick County Board of Health to advocate for change and raise awareness to educate health system partners on disparities of health.  | Convene community conversations around the 2015 Infant Mortality Issue Brief to advocate for change and raise awareness to educate health system partners on disparities of health. | Advocate to expand Medicaid, presumptive eligibility and reimbursement rates to assure timely prenatal care for all women. | Expand implementation of Zero to One curriculum to strengthen health system policies and practices that may pose barriers to the high risk mothers they serve. |
|   | Owner      | <b>Melody McCray-Miller</b> (Disparities in Infant Mortality)<br><b>Maternal Infant Health Coalition</b> (Medical Society of Sedgwick County)<br><a href="http://www.mssconline.org/index.php/mihc/">http://www.mssconline.org/index.php/mihc/</a>   |   |  |  |
|   | MARKETING  |  |   |  |  |

## **Chapter 2 – Learning Objectives**

I established several learning objectives in the early stages of my field experience. My first objective was to learn to work with a large group of community health leaders to execute a community-based health model. While I did not help develop the actual CHIP, I was able to learn from several people who did, which allowed me to understand the collaborative effort it takes to organize and execute such a large community health initiative. I was able to create a model, of sorts, by being given the opportunity to create the evaluation template for the CHIP.

In doing this, I also completed my second objective, which was to review pertinent literature that pertained to the evaluation process. This process was quite an undertaking, as I had virtually no experience in creating such an evaluation tool prior to starting my field experience. From this, I learned about program theory and how to understand the social context of a program before even starting an evaluation. Reading about program theory helped guide me in setting goals, both my own for this project while also keeping in mind the goals of those executing the CHIP. Program theory also helped understand how to formulate proper evaluation questions for key interviews, which were essential to further understanding the background of the CHIP. I learned several things, the majority of which came from the W. K. Kellogg Foundation (2004) about program theory as well as the formation of a logic model. It was interesting to learn about their process of starting a logic model in the middle with the short-term outcomes. From there I considered the context of the CHIP and took inventory of my resources. I also thought about the impact I wanted to create with this evaluation template. What remained was the determination of the activities and outputs that would bridge my resources to my short-term outcomes. This of course also allowed me to focus my interview questions on creating my short-term goals for the evaluation, and therefore the start of my logic model.

My final objective was to gain experience about the resources of a large Kansas community and how those resources are allocated for specific services and activities. I was greatly surprised to learn that such a large public health initiative within a defined community was not part of the responsibilities of that community's government. While various levels of government funded a few of the organizations that are participating in the CHIP, the primary responsibility did not fall

to Sedgwick County. This was the first example where I worked with people doing their best in a suboptimal situation because public health was not made a priority, and funds were therefore not available to address the public health concerns of the community. I saw how this led to a union of diverse and once unassociated groups that overcame the limitations the county created in order to restore public health. From these groups came several benefits, namely the ability to create a CHIP built to tackle diverse public health issues that ranged from infant mortality to percentage of public housing with severe problems. However, this diversity also created some limitations, namely the difficulty in determining the best person to interview about different portions of the CHIP, as well as whom to make responsible for changing CHIP strategies following any future evaluations.

Another significant way that I learned from my field experience can be summarized as a true synthesis of what I learned from my public health education, particularly my core courses. My field experience gave me a few examples of what I have learned in my Biostatistics (MPH 701) class. Due to the fact that the CHIP is in its infancy and no data is available to compare, I was not able to directly compare statistical data to see whether a significant change had occurred. However, after interviewing a few community health leaders I was able to review evaluations of past Sedgwick County CHIPs that did compare statistical data and these provided me the context for presenting statistical comparisons in a final evaluation.

Principles from my Introduction to Epidemiology class (MPH 754) were reinforced by my field experience in several ways. In learning how the 2017-2019 CHIP was constructed, I was able to see the process of how a community reviewed populational data to decide what public health concerns needed to be addressed. For instance, I was introduced to several databases, of which I was previously unaware, that store community health data, and reviewed the pertinent statistics that the CHIP used. In this way, I saw how community health leaders utilized such epidemiological data for the CHIP, and personally organized this data as one of my primary goals in establishing the structure of the CHIP evaluation.

My field experience also aligned with key principles from my Environmental Health class (MPH 802). In general, my work with Health ICT and the WHA allowed me to better understand

specific environmental factors within Wichita, Kansas and Sedgwick County that were concerning enough to address in the CHIP to stem downstream effects of these risks. Specifically the CHIP contains strategies and goals to improve areas that dealt with consumer health and safety, such as tobacco use and prevention, violent crime rate and infant mortality. These strategies aimed to directly assess what risks are leading to the increased health concerns or to implement policies to decrease the exposure the population. For instance, two CHIP strategies that deal with infant mortality are to ensure families have a safe crib for the baby at the time of dismissal from the hospital and to encourage hospitals to become safe sleep certified. These two strategies will work toward changing the policies of the hospital organizations in Sedgwick County in an attempt to decrease the risk of sleep related deaths. This is one of several examples that this project taught me how a public health initiative assesses and attempts to change certain environmental risk factors within a community.

Working with the many public health agencies that were involved with the CHIP also gave me real-world examples of what I learned in both my Administration of Health Care Organizations (MPH 720) and Behavioral Basis of Public Health (MPH 818) classes. I was able to appreciate first-hand the changing pressure of a community needing to come together after funding for the health department was cut. The response by these organizations to the financial cuts made to the community's public health resources was inspiring to see and reinforced several themes from my MPH 818 class. I could really appreciate how funding is so important to ensure that all people in a community have access to a healthful lifestyle, not just those who can afford it. This inability to have access to health is unfortunately a common problem for many in this country, which built upon my MPH 720 class. There were several political factors that lead to the initial decision to cut funding to the SCHD in 2015 that are beyond the scope of this report, and most of the funding to the SCHD has now been restored. Seeing for myself the impact that this budget cut had on the people that stepped up to move forward with a large health initiative is something I will never forget. The community almost lost out on a year or more of health initiatives that are directly aimed at the county's largest public health concerns. It is sad that something so important, specifically things that help improve daily life for the community, can be so easily abandoned. This experience will forever be a big influence in how I view public health on my future endeavors.

In all, I saw what can happen when public health is not adequately funded. Luckily, I also saw what several community leaders can do when they take on the workload of CHA/CHIP and make it their own for the betterment of their community. The experience I gained both in learning the recent history of the state of public health in Sedgwick County and personally working with all of the community health leaders was a great culmination of my MPH education.

## **Chapter 3 – Conclusion**

When a door closes a window opens, and with the decision to cut funding to the SCHD and the subsequent void of not having a community health analyst, a door shut on the usual way a CHIP is constructed and carried out. The WHA and other community members had to come together and open a window. Now with the CHA/CHIP completed, my window to complete my capstone project has opened and in a way to create real change for my community. By using these resources, I feel that an effective evaluation template for the CHIP was created and that regular evaluations using the template will ensure the CHIP outcomes are met and the health of the people in Sedgwick County will improve.

It has been a long journey this spring with my field experience, MPH classes and job. However, a true inspiration has been the community health leaders that I got to know, particularly Becky Tuttle and Health ICT. They were a wonderful group that were always available to lend me their time and experience, and were great to work with. I also want to thank Ty Kane for putting me in contact with Becky and getting my field experience off the ground.

So, in concluding my MPH field experience and the last requirement for my degree, I also must mention the impact that my public health education has had on me. It has been a fantastic, albeit difficult, experience that has forever changed my outlook on the world. I cannot wait to use my knowledge and experience to help my future patients, not only in the hospital, but in the greater community as well.



## References

- Roy, B. (2016, July 18). Women in Business: Becky Tuttle. *Wichita Business Journal*. Retrieved from: <http://www.bizjournals.com/wichita/feature/2016-women-in-business-becky-tuttle.html>
- Armbruster, S., Hanrahan, R., Johnston, J., Kane, T., Phillippi, H., Ross, N., ... Tuttle, B. (2016). 2017-2019 Community health improvement plan for Sedgwick County. Retrieved from <https://healthict.org/content/upload/files/HealthAllianceReportFINAL.pdf>
- National Association of County & City Health Officials. (2009). *Integrating Performance Improvement Process: MAPP, National Public Health Performance Standards, and Accreditation*. Retrieved from: <http://www.naccho.org/uploads/downloadable-resources/MAPP-NPHPSP-and-Accreditation-Preparation-Guidance.pdf>
- National Association of County & City Health Officials. (2013). *Recommendations on Characteristics for High-Quality Community Health Assessments and Community Health Improvement Plans*. Retrieved from: <http://archived.naccho.org/topics/infrastructure/CHAIP>
- Sedgwick County Department of Finance. (2016). *2017 Sedgwick County Budget*. Retrieved from: <http://www.sedgwickcounty.org/finance/2017budget.asp>
- Health ICT. (2015). Retrieved from: <https://healthict.org/>
- Jacobs, F. (1988). The five tiered approach to evaluation: Context and implementation. In H. Weiss & F. Jacobs (Eds.), *Evaluating family programs* (p. 37-68).
- W. K. Kellogg Foundation. (2004). Logic model development guide. Retrieved from <https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>
- Nall, M., Prince, R., Davis, J., & Murray, D. (2013). UK cooperative extension service: Program implementation. Retrieved from [https://psd.ca.uky.edu/files/program\\_implementation.pdf](https://psd.ca.uky.edu/files/program_implementation.pdf)
- Powell MBF. (2017). Evaluation template logic model of the 2017-2019 Sedgwick County CHIP.
- Preskill, H., & Rust-Eft, D. (2005). *Building evaluation capacity: 72 activities for teaching and training*. Thousand Oaks, CA: Sage Publications.
- Substance abuse and mental health services administration. (2012). Non-researcher's guide to evidence-based program evaluation. Retrieved from <http://nrepp.samhsa.gov/LearningModules.aspx>