

Master of Public Health

Applied Practice Experience

From Policy to Practice: Supporting Healthier Childcare Environments

By

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submitted in partial fulfillment of the requirement for the degree

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Chapter 1 - Portfolio Products

My Applied Practice Experience (APE) was completed with LiveWell Douglas County, a community-driven coalition that brings together local government, nonprofit organizations, healthcare providers, schools, and residents to improve the health and well-being of Douglas County, Kansas. The coalition focuses on evidence-based strategies, policy change, and systems-level interventions to address chronic disease prevention, health equity, and child wellness. My project was carried out under the guidance of the Safe & Healthy Kids Workgroup, who identified licensed childcare providers as a priority population due to their critical role in shaping lifelong habits for children during their earliest years. Recognizing that policies within childcare environments can have a lasting impact on nutrition, physical activity, screen time, breastfeeding support, and tobacco exposure, I partnered with the workgroup to pilot an initiative that helped providers adopt and institutionalize best-practice health policies.

The Healthy Childcare Pilot Project engaged five licensed childcare providers, including both centers and home-based sites, in updating their organizational policies and environments to better support child health. The project was designed to provide technical assistance, financial resources, and practical tools that would make policy adoption both feasible and sustainable. To support this process, I developed a portfolio of products that not only guided providers through each step of implementation but also enhanced their ability to communicate wellness priorities to families. These products included a comprehensive Nurturing Healthy Habits Resource Booklet with implementation strategies across five policy domains, a coordinated set of Nurturing Healthy Habits Posters to visually reinforce healthy practices, and a series of Google Forms that streamlined data collection and accountability measures. In addition, I worked directly with each site to update their Policy Handbooks, ensuring that new commitments were formally documented and communicated. To track progress across the project, I created a Project Tracker that monitored each provider's completion of milestones, such as handbook submission, policy updates, purchase requests, pledge signing, and receipt of grant funds. By the end of the project, all five participating providers had successfully completed the program, integrated updated policies into their operations, and utilized grant

funding to enhance their childcare environments. Collectively, these efforts demonstrate how community coalitions and childcare providers can partner to create sustainable systems-level changes that supports the health and development of young children.

Table 1.1 Summary of Portfolio Products

Portfolio Product		Description
	Nurturing Healthy Habits Resource Booklet	A comprehensive digital guidebook tailored to childcare providers, organized by five wellness policy areas: nutrition, physical activity, screen time, breastfeeding support, and tobacco-free environments. The booklet included evidence-based research, implementation tips, and resources to help providers integrate policies into daily practice and sustain long-term change.
	Nurturing Healthy Habits Posters	A series of six posters (five letter-size and one 11x14) designed to visually reinforce healthy practices within childcare environments. Topics included healthy eating, screen-free zones, active play, tobacco-free spaces, and breastfeeding-friendly areas. Posters provided family-facing communication and served as visual cues to normalize wellness policies.
	Google Forms (Pilot Site Information, Proposed Purchase Form & Policy Commitment Pledge)	A set of electronic forms used to streamline data collection, communication, and accountability. The Pilot Site Information Form gathered baseline provider details (site type, number of children, handbook status). The Proposed Purchase Form ensured grant funds were directed toward allowable, policy-related items. The Policy Commitment Pledge formalized each provider's two-year commitment to maintaining wellness policies.
	Updated Policy Handbooks	Each participating site's handbook was reviewed and revised to formally include wellness-focused policies. Updated handbooks institutionalized the changes, ensured consistent communication with families, and reinforced accountability for providers to maintain the adopted practices.
	Project Tracker	A project management tool that documented progress across all five sites. Columns included participation agreement dates, receipt of original handbooks, policy updates implemented, purchase forms submitted, pledges signed, and grant money distributed. This tool

		ensured no steps were missed, supported equitable oversight, and provided a clear record of each site's achievements.
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Table 1.2 Portfolio Products and Competency Addressed

Portfolio Product		Number and Competency Addressed	
	Nurturing Healthy Habits Resource Booklet	12	Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.
	Nurturing Healthy Habits Posters	19	Communicate audience-appropriate public health content.
	Google Forms (Pilot Site Information, Proposed Purchase Form, Policy Commitment Pledge)	13	Propose strategies to identify stakeholders and build coalitions and partnerships.
	Updated Policy Handbooks	8	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs .
	Project Tracker	16	Apply leadership and/or management principles to address a relevant issue.

Chapter 2 - Competencies

Table 2.1 Summary of MPH Foundational Competencies

Number		Competency
8	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	Applied cultural awareness to develop tailored materials for providers, considering differences in facility size, staffing, and access to resources. Posters, resource booklet, and policy recommendations were adapted for both centers and home-based providers to ensure inclusivity and cultural relevance.
12	Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	Integrated evidence-based practices from CACFP standards, screen time recommendations, and tobacco-free childcare research into updated handbooks and training materials. Balanced ethical considerations (protecting children's health) with practical realities of provider resources and capacities.
13	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	Partnered with LiveWell Douglas County, the Safe & Healthy Kids Workgroup, and childcare providers to implement policies. Engaged stakeholders through meetings, presentations, and technical assistance to build shared ownership of wellness policies.
16	Apply leadership and/or management principals to address a relevant issue	Demonstrated leadership by coordinating policy development, creating educational materials, and supporting providers through the process of handbook updates and grant-related purchases. Bulit communication, planning, and facilitation were key components of project execution. Created and managed a Project Tracker to monitor provider progress through major milestones.
19	Communicate audience-appropriate public health content, both in writing and through oral presentation	Authored the Nurturing Healthy Habits Resource Booklet and delivered presentations to coalition members, tailoring content to meet the needs of providers and families. Materials translated evidence-based best practices into practical, audience-appropriate strategies.

Competency 8: Cultural values and practices within childcare settings shape how health policies are received, implemented, and sustained. Throughout the project, I collaborated closely with both center-based and home-based providers to respect their unique organizational cultures, resources, and family populations. For example, when updating policy handbooks, I evaluated each provider's operational style and communication practices to ensure policies were realistic and respectful of their environment. Handbooks were revised using plain, family-friendly language to ensure accessibility for diverse parent audiences. Additionally, the Nurturing Healthy Habits posters incorporated inclusive imagery and messaging so that all families felt represented and welcomed. This cultural tailoring was critical to building provider buy-in and ensuring that policies were not only adopted but also embraced by the families they serve.

Competency 12: The Nurturing Healthy Habits Resource Booklet will be central to supporting the policy-making process within childcare sites. This product translates public health evidence into practical strategies that providers could realistically apply. Evidence-based recommendations such as the CACFP meal pattern standards, guidance on screen time, and research on thirdhand smoke exposure were distilled into user-friendly sections organized by policy area. By presenting the evidence in clear, accessible language, the booklet will enable providers to understand not just what changes to make, but why those changes were critical for children's health.

Ethics were also integrated throughout the design of the booklet and subsequent policy updates. Materials emphasized equity and child well-being, acknowledging the ethical responsibility of childcare providers to create safe and health-promoting environments. For example, nutrition and breastfeeding sections framed policies as supportive practices rather than restrictive rules, while the tobacco-free childcare section highlighted the ethical imperative of protecting children from harmful exposures. By combining research evidence with ethical considerations, the booklet served as both a technical guide and a moral framework.

Competency 13: The group of Google Forms I developed (Pilot Site Information Form, Proposed Purchase Form, and Policy Commitment Pledge) was instrumental in facilitating

communication and maintaining accountability across the coalition. The Pilot Site Information Form gathered baseline details that identified provider needs and capacities, ensuring that technical assistance could be tailored appropriately. The Proposed Purchase Form engaged both providers and coalition members by ensuring grant funds were used transparently and aligned with wellness policies. Finally, the Policy Commitment Pledge formalized provider commitments, demonstrating accountability to families, the coalition, and the broader community.

These forms streamlined communication and strengthened the coalition-building process. Providers felt supported with clear expectations, the Safe & Healthy Kids Workgroup had accessible documentation to monitor progress, and families could see the policies in updated handbooks. By serving as a practical bridge between providers and coalition partners, the Google Forms not only facilitated implementation but also reinforced a sense of shared responsibility and partnership in achieving public health outcomes.

Competency 16: Leadership and management skills were essential to the successful execution of the pilot project. I created and maintained a Project Tracker that documented each site's progress through major milestones such as completing participation forms, submitting handbooks, updating policies, and distributing grant funds. This tool allowed me to support providers systematically through the implementation process, ensuring accountability and consistency across all five sites. In addition, I fostered collaboration by serving as a connection between LiveWell Douglas County, the Safe & Healthy Kids Workgroup, and the childcare providers. By empowering providers with resources and clear guidance, I helped them make educated decisions about policy adoption and grant purchases, ensuring changes were both feasible and sustainable. These leadership practices ensured that all five sites successfully completed the program and institutionalized updated policies.

Competency 19: Effective communication was a cornerstone of this project. The Nurturing Healthy Habits Resource Booklet translated complex public health recommendations into practical strategies that providers could apply in their daily routines. This content was specifically written for a childcare audience, with clear implementation steps and actionable examples. In addition, I prepared and delivered presentations to coalition members and

stakeholders to communicate project progress and outcomes, adapting the level of technical detail to suit different audiences. Whether communicating with academic mentors, coalition partners, or childcare providers, I consistently adapted language and framing to match the knowledge level and priorities of my audience, ensuring clarity and engagement across all groups.

Table 2.3 Application of Systems Thinking Tools to a Public Health Issue

Use of Systems Thinking Tools	
Systems Thinking Tool	Description of Use
Process Map	A process map was created to outline the sequence of steps in the Healthy Childcare Pilot Project, beginning with recruitment and participation agreements, followed by handbook submission, provider discussion on policy options, policy updates, purchase proposals, pledge signing, and distribution of grant funds. The decision point of “What policies were added to the policy handbook?” captured the diversity of changes made by providers across nutrition, physical activity, screen time, breastfeeding support, and tobacco-free policies. The process map was directly tied to the project tracker and ensured no steps were missed, highlighted potential bottlenecks (e.g., delays between handbook submission and updates), and provided coalition members with a transparent view of progress. It also demonstrated how technical assistance and accountability measures were integrated into each stage of the project.

