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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Chapter 1 - Portfolio Products

The Applied Practice Experience (APE) requires 240 hours of on-site participation in a non-academic setting and is typically completed at the end of the coursework so that a student may apply the knowledge gained from graduate courses. It requires delivery of at least two different portfolio products (poster, brochures, updated learning materials, website; training manuals, etc.) along with a short discussion of at least five of the 22 Public Health Foundational Competencies and how they were utilized during the APE.

Provide a short paragraph about the site where you completed your APE and the products that you completed.

Site: My Applied Practice Experience (APE) was completed with the Flint Hills Wellness Coalition (FHWC) in Manhattan, Kansas. The mission of the FHWC is "to create a healthy, equitable community for our residents through policy, system, environmental, and personal change." According to its bylaws, the Coalition is comprised of a Board of Directors plus members representing public and private health care agencies, private businesses, government agencies, elected officials, and citizens who share an interest in supporting the mission of the Coalition.

Background: The focus of my APE project began as a result of a suggestion by the Vice Chair and Treasurer of the FHWC, Susan Rensing, whose former colleague Susan McFadden is a champion of the global Dementia Friendly Communities movement and author of the book *Dementia Friendly Communities: Why We Need Them and How We Can Create Them* (2021). The project idea of making Manhattan a dementia friendly place to live had been one that the Coalition had been interested in taking up, but lacked the time and personnel to initiate any action. Addressing the public health issue of dementia is of importance to the FHWC because the impacts of dementia reach across all sectors of society and thus require collaborative action to address the needs of people living with dementia and their care partners. There are currently 39 states with nationally recognized dementia friendly communities in partnership with Dementia Friendly America (DFA), but Kansas was not one of them at the time I began my APE. With my background in gerontology and personal family experience with dementia, this project idea piqued my interest and led to the products described below.

Products: 1) In order to explore the community's current level of knowledge about dementia and awareness of the concept of dementia friendly communities, an online survey was developed, pilot tested, and disseminated across local community platforms using Qualtrics from March 29 to April 12, 2021. The survey received IRB approval No. 10623. I hypothesized that there would be a relatively low awareness level of the concept of dementia friendly communities considering that at the time of the

survey, the State of Kansas lacked a nationally recognized dementia friendly community. Thus, the survey was developed and grounded in the Diffusion of Innovations theory to gather Riley County residents' perceptions of the relative advantage, compatibility, complexity, trialability, and observability of creating a dementia friendly community in Manhattan. A total of 193 responses were included in statistical analyses, which were conducted using IBM SPSS Statistics software.

Overall, the survey confirmed a low awareness of the concept of dementia friendly communities among Riley County adults (17.2%). However, after reading a brief description of the purpose and goals of dementia friendly communities, respondents indicated a high level of support for exploring this initiative in Manhattan (86.53% "in favor" and 12.44% "maybe"). While respondents overwhelmingly thought that the initiative would be advantageous to the community (68% indicated high levels of perceived relative advantage), the majority of respondents also thought it would be a complex task to undertake (63.5% indicated high levels of perceived complexity). These results were communicated to the FHWC at a regular Coalition meeting and indicated that the Dementia Friendly Manhattan initiative would be a worthwhile pursuit of the Coalition. Thus, the survey results were used to identify the priorities for beginning the Dementia Friendly Manhattan initiative.

2) An opportunity for funding was identified which could help support the Coalition's efforts to become the first dementia friendly community in the State of Kansas, in particular through hiring an individual to fill a short-term, part-time Community Coordinator position for the project. I wrote a grant proposal describing the background of dementia friendly communities, the Coalition's efforts to-date, the need for a Community Coordinator position, the goals and objectives for a short-term timeline, and the budget for the project. The FHWC received a total of $6,500 from the Memorial Hospital Association to fund this project from September 1st to December 31st, 2021. I accepted this contract Community Coordinator position, effectively ending my Applied Practice Experience as a student intern with the Flint Hills Wellness Coalition.

3) For my final product, I developed a poster which was accepted for the 2021 Kansas Public Health Association Conference. The poster was titled *Dementia Friendly Manhattan: An Initiative of the Flint Hills Wellness Coalition,* and its purpose was to educate conference attendees on the public health impacts of dementia as well as inform them of the work the FHWC is undertaking to make Manhattan more dementia friendly. Outside of the initial survey and grant proposal, the poster describes the other actions I coordinated during the APE which included holding informational sessions with stakeholders at the Riley County Seniors' Service Center and Meadowlark Hills, convening an Action Team of members across different sectors who share a vision for making Manhattan more dementia friendly, and developing a Community Assessment Plan in accordance with DFA resources to identify the current strengths and gaps in dementia-friendliness in Manhattan.

Table 1.1 Summary of Portfolio Products

Portfolio Product		Description
1.	Survey results	An initial survey was developed to evaluate Riley County residents' perceptions of dementia and their awareness of the concept of dementia friendly communities. Results from 194 respondents were analyzed and communicated to FHWC stakeholders.
2.	MHA Grant	A grant was written to the Memorial Hospital Association to request funding for the Dementia Friendly Manhattan initiative. A total of $6,500 was awarded to the FHWC.
3.	KPHA Poster	A poster was submitted to the annual Kansas Public Health Association Conference detailing the need for a community response to the public health issue of dementia, and the current progress of the FHWC to begin making Manhattan a more dementia-friendly place to live.

The products identified above, need to address at least one or more of the competencies chosen for Chapter 2 – Competencies. One product does not have to satisfy all five of your chosen competencies, but all of the products together must satisfy all five competencies.

Table 1.2 Portfolio Products and Competency Addressed

Portfolio Product		Number and Competency Addressed	
	Survey	2	Select quantitative and qualitative data collection methods appropriate for a given public health context
		3	Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
		4	Interpret results of data analysis for public health research, policy or practice
	MHA Grant	13	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
		14	Advocate for political, social or economic policies and programs that will improve health in diverse populations
	KPHA Poster	19	Communicate audience-appropriate public health content, both in writing and through oral presentation

Chapter 2 - Competencies

Each student should document and address at least five appropriate MPH Foundational Competencies and tell how they were attained and utilized during the APE.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

This chapter must contain this following table, in addition to a written detailed explanation of each competency and how it was addressed and/or attained during the APE.

Table 2.1 Summary of MPH Foundational Competencies

Number and Competency		**Description**
2	Select quantitative and qualitative data collection methods appropriate for a given public health context	An online survey was developed and disseminated using a communications perspective to assess the perceptions of dementia and dementia-friendly communities among Riley County adults.
3	Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	Statistical analyses of survey data were conducted using IBM SPSS Statistics software
4	Interpret results of data analysis for public health research, policy or practice	Results were interpreted to inform a public health initiative related to making Manhattan a more dementia-friendly place to live
13	Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	Collaborative efforts with the FHWC led to identifying stakeholders and forming informal partnerships including Riley County Seniors' Service Center, Meadowlark Hills, and the Alzheimer's Association – Heart of America Chapter
14	Advocate for political, social or economic policies and programs that will improve health in diverse populations	The decision to submit a grant request to the Memorial Hospital Association was driven by the expectation that securing financial resources for the project would aid in the development of policies and programs to support Dementia Friendly Manhattan in the future
19	Communicate audience-appropriate public health content, both in writing and through oral presentation	Presentations were given to several stakeholder groups including an audience at the Riley County Seniors' Service Center, researchers at the Physical Activity and Nutrition Clinical Research Consortium, and public health advocates at Flint Hills Wellness Coalition meetings. The written grant request further detailed the need for the Dementia Friendly Manhattan project to outside stakeholders who could influence the trajectory of the project. Finally, the initiative was explained by a poster at the Kansas Public Health Association Conference in 2021.

Competency 2

To address this competency during my APE, I designed and implemented a web-based survey to evaluate the initial community interest in the Dementia Friendly Manhattan project. Because this movement had not yet reached the state of Kansas, the Diffusion of Innovations theory was utilized to gauge the perceived barriers and facilitators to adopting a Dementia Friendly Manhattan initiative in our community.

Competency 3

Data analyses were conducted using IBM SPSS Statistics software to evaluate quantitative data collected from the survey. I conducted statistical tests of frequencies and descriptives as well as analysis of variance (ANOVA) tests to examine the study variables and identify the significant barriers and facilitators to adopting Dementia Friendly Manhattan.

Competency 4

The results of statistical analyses were interpreted into meaningful insights for the FHWC and described through a PowerPoint presentation at a monthly FHWC meeting. The key findings included a low level of awareness of dementia friendly communities, which suggested that raising awareness with an educational component would be instrumental in launching the initiative; and that perceived complexity of creating a dementia friendly community was a barrier, which suggested that a focus for the initial stages of Dementia Friendly Manhattan should point towards making a clear, concise, and simple process for the future efforts of the initiative.

Competency 13

Some relationships were already in place between the FHWC and community stakeholders, so I aimed to strengthen those networks (i.e., by providing presentations for the Riley County Seniors' Service Center and Meadowlark Hills) and create new connections with key stakeholders such as the local chapter of the Alzheimer's Association. These connections helped to form the Dementia Friendly Manhattan Action Team, which consisted of members across sectors of the community who offered support and resources to lay the foundation for the initiative.

Competency 14

The decision to submit a grant request to the Memorial Hospital Association was driven by the expectation that securing financial resources for the project would aid in the development of policies and programs to support Dementia Friendly Manhattan in the future. These financial resources were

instrumental in securing the means necessary for hiring a community coordinator and launching a Dementia Friendly Manhattan kick-off event, thus further providing the opportunity to raise awareness and educate the public about the impacts of dementia and the community-based solutions offered through becoming more dementia friendly as a community.

Competency 19

Presentations were given to several stakeholder groups including an audience at the Riley County Seniors' Service Center, researchers at the Physical Activity and Nutrition Clinical Research Consortium, and public health advocates at Flint Hills Wellness Coalition meetings. The written grant request further detailed the need for the Dementia Friendly Manhattan project to outside stakeholders who could influence the trajectory of the project. Finally, the initiative was explained by a poster at the Kansas Public Health Association Conference in 2021.

Table 2.2 MPH Foundational Competencies Course Mapping

22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
Evidence-based Approaches to Public Health					
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	x		x		
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	x	x	x		
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	x	x	x		
4. Interpret results of data analysis for public health research, policy or practice	x		x		
Public Health and Health Care Systems					
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings		x			
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels					x
Planning and Management to Promote Health					
7. Assess population needs, assets and capacities that affect communities' health		x		x	
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs					x
9. Design a population-based policy, program, project or intervention			x		
10. Explain basic principles and tools of budget and resource management		x	x		

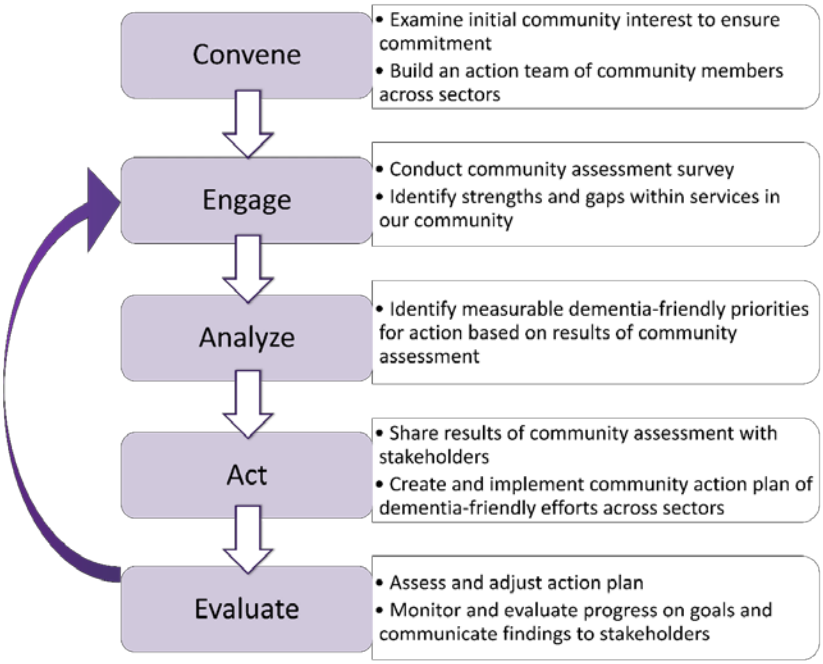
11. Select methods to evaluate public health programs	x	x	x		
Policy in Public Health					
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence		x	x	x	
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes		x		x	x
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations		x			x
15. Evaluate policies for their impact on public health and health equity		x		x	
Leadership					
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making		x			x
17. Apply negotiation and mediation skills to address organizational or community challenges		x			
Communication					
18. Select communication strategies for different audiences and sectors	DMP 815, FNDH 880 or KIN 796				
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	DMP 815, FNDH 880 or KIN 796				
20. Describe the importance of cultural competence in communicating public health content		x			x
Interprofessional Practice					
21. Perform effectively on interprofessional teams		x			x
Systems Thinking					
22. Apply systems thinking tools to a public health issue			x	x	

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

Report on the use of the Systems Thinking Tool(s) you selected at the beginning of your APE in the table below. Describe why you selected this tool for your APE, how you were able to apply this tool, or how it could be applied to a specific situation or public health issue encountered during your APE. Please include an appropriate diagram for the tool where appropriate, for example a causal loop diagram (CLD) if you applied the CLD tool.

Use of Systems Thinking Tools

Systems Thinking Tool	Description of Use
Process Mapping	There is a four-step process That Dementia Friendly America encourages communities to utilize when making efforts to become more dementia-friendly. These phases are: 1) Convene, 2) Engage, 3) Analyze, and 4) Act. As part of this project, we evaluated initial community interest in the project during the Convene phase, and added a fifth phase for Evaluation. The Process Mapping tool was selected because it is already widely used by the national organization that drives change in dementia-friendly communities across the U.S. This planning tool describes the flow of creating a dementia friendly community. While the original 4-phase process from DFA is excellent, we decided it was necessary to add the evaluation phase to accommodate our community's needs. The flexibility of process mapping allowed for these modifications. The majority of this APE project was completed during Phase Zero, which helped to lay the foundation for the future phases of working to become more dementia-friendly.



Chapter 3 - Information Needed if Completing a Thesis Only

Students who choose the thesis option for the Integrated Learning Experience (ILE) must complete the table below on their selected emphasis area competencies. This information may be added as a chapter in the thesis, or left in this APE report. *All other students address this information in the ILE report as outlined in the ILE template.*

Student Attainment of MPH Emphasis Area Competencies

Each student must document and address how all of the competencies were attained and utilized during the culminating experience. Each emphasis area has five competencies that may be addressed. This explanation should be in the ILE report and oral presentation.

Emphasis area competencies are listed on the MPH website (www.k-state.edu/mphealth). Select "Areas of Emphasis" on the left hand menu and your emphasis area.

Table 3.1 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Public Health Nutrition		
Number and Competency		**Description**
1	Information literacy of public health nutrition	A review of public health nutrition literature was carried out throughout all phases of my thesis study, especially during the item development phase. Significant findings related to geriatric nutrition concerns that were applicable to the COM-B model were incorporated into instrument development. A wide variety of public health nutrition topics were examined during FNDH 844 and MPH 802.
2	Compare and relate research into practice	My thesis research findings were discussed in relation to relevance for the older adult population, dietetics practice, and public health practice. Suggestions for potential use of the COM-HE instrument in future research and practice settings were identified.
3	Population-based health administration	MPH 720 discussed the 10 Essential Public Health Services, which can be applied to many public health nutrition programs such as Meals on Wheels America, the national community-based nutrition program that addresses senior isolation and hunger. Administration

		of this type of program requires extensive assessment, policy development, and evaluation of the population and health outcomes.
4	Analysis of human nutrition principles	FNDH 820 examined a multitude of functional foods for chronic disease prevention as well as evaluated evidence for the efficacy of these foods across various populations and chronic disease states. One example of putting this type of knowledge into practice was through an educational program I provided for older adults at the Riley County Seniors' Service Center through the Food & Farm Council of the City of Manhattan and Riley County where I shared the research behind the MIND diet for promoting brain health, a topic specifically requested by seniors at the Center.
5	Analysis of nutrition epidemiology	MPH 754 and FNDH 844 described the criteria for the highest levels of evidence for nutritional epidemiological research. I conducted critical appraisals of nutritional epidemiology articles and interpreted the findings in light of the grade of evidence for each.

The table (above) must be included in the ILE report (either a chapter in the thesis or left in the APE report) and presentation.