Master of Public Health Field Experience Report

FIELD EXPERIENCE REPORT: KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT (KDHE)

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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Field Experience Site:
Kansas Department of Health and Environment (KDHE)
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Lastly I would like to thank Dr. Ellyn Mulcahy and Barta Stevenson. I appreciate all of your assistance in completing this field experience as well as your support in completing the MPH program.

Overview of Field Experience

The main objective for this field experience was to gain a greater understanding of the broad field of public health. This was accomplished through the completion of various tasks related to different areas of public health, including: working with state-level health promotion grant work plans, qualitative and quantitative evaluation of grant deliverables to evaluate progress, and compiling a presentation of resources for selecting strategies for use in future projects. The Capitol Midweek Farmers Market was another key part of this experience, where my tasks included communicating with vendors, recruiting special guests from the local community, and creating various promotional materials.

This experience gave me a greater understanding of public health as a field and enabled me to further develop my skills in the public health competencies, particularly communicating public health content and interpreting results of data analysis. Working at the state level also helped me to understand the importance of grant funding and how the health promotion initiatives are translated at a local level.

Overall the field experience at KDHE gave me the experience, knowledge, and tools necessary to be a successful public health professional.

Keywords: KDHE, Public Health, Physical Activity, Nutrition

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Chapter 1 - Field Experience Scope of Work

My field experience was completed at the Kansas Department of Health and Environment (KDHE) in Topeka, KS during summer 2017. KDHE is a state agency with the mission to “protect and improve the health and environment of all Kansans”. Three divisions – Environment, Health Care Finance, and Public Health – are included under the KDHE umbrella. For this experience, I worked within the Public Health Division that contains six Bureaus. My work was completed within the Bureau of Health Promotion, with the majority of my efforts involving the Physical Activity and Nutrition (PAN) specific interest group.

This experience was completed under the guidance of Jennifer Church and Warren Hays. Jennifer is the Community Health Promotion Director at KDHE. In her role she works frequently with the Tobacco and Physical Activity & Nutrition (PAN) sections as well as with other outreach interests and has been at KDHE for the past eight years. Warren Hays is the manager of the PAN subgroup, making him responsible for the oversight and implementation of PAN-related strategies as part of the 1305, 1422, and Chronic Disease Risk Reduction (CDRR) grants. He also manages the Capitol Midweek Farmers Market and Senior Farmers Market Nutrition Program.

While working at KDHE I was assigned various tasks related to grant requirements and other ongoing projects. Some of these tasks included updating internal documents to reflect the current year work plans, assisting in the management of the weekly Farmers Market sponsored by KDHE, and evaluating workshops that had been delivered to local communities related to grant objectives. Each task exposed me to a different aspect of public health for which a state-level health department is responsible.

Chapter 2 - Learning Objectives

The primary objective of this Field Experience was to gain a greater understanding of the field of Public Health. Since the field is notoriously broad the purpose was to expose me to multiple aspects of public health at the state level during a short time frame.

Activities Performed

While interning at KDHE I had the opportunity to complete several projects across the Bureau. My responsibilities ranged from hands-on experience at a weekly Farmers Market to the evaluation of community-level workshops to updating internal documents for the new fiscal year. The tasks I completed are broken down into four key themes and are described in more detail in the following sections of this report.

Theme 1: Farmers Markets

A large part of the Physical Activity and Nutrition (PAN) subgroup's work is Farmers Markets. This work includes managing their own weekly Farmers Market in Downtown Topeka, overseeing the Kansas Senior Farmers Market Nutrition Program (KSFMNP), and keeping track of Farmers Markets across the entire state. The following section is a description of my duties in relation to each of these programs.

Capitol Midweek Farmers Market

Assisting with the management of the Capitol Midweek Farmers Market in Downtown Topeka was one of my primary responsibilities. This market is open every Wednesday from 7:30am to 12:30pm, and features 15-20 regular vendors plus a new special guest each week. This market was started 11 years ago with the purpose of giving downtown Topeka employees a destination to be physically active as well as offer healthy food options during the workday.

Every Wednesday during my experience I was at Market. My responsibilities included setting up the signs and manager's table, interacting with guests and farmers during Market hours, and addressing any issues that may arise. I planned to talk to each farmer at least twice during each market: once within the first hour to check-in on

how they were doing and again during the last hour to ask what produce items they were expecting to bring the following week. Occasionally vendors would tell me ahead of time if they planned to be gone the following week, and when this happened I would reach out to other vendors later in the week about possibly relocating to a different stall.

On some days there were also drop-in vendors who did not have a pre-assigned stall. When this happened I helped decide which stall they could set up in and collected their drop-in fee. This was my first experience working with a Farmers Market and I enjoyed the opportunity to learn how to keep a Market operating smoothly as well as the chance to develop good relationships with the vendors.

Each week I was also responsible for creating and distributing promotional materials for the Market, which included a flyer and radio script. The flyer is distributed to all KDHE employees via the Friday Flash (a weekly newsletter) as well as to all Downtown Topeka state agencies. Creating this flyer and emailing it to the communications coordinator became part of my responsibilities each week. The flyer had to include sections on 'What's Fresh' at the market for the coming week, the upcoming special guest, and hours of operation. The remainder of the content was up to my discretion, so as the weeks went on I worked to make the flyer more visually appealing as well as include content that would be interesting to KDHE employees. For the last few weeks I started featuring different produce items that were in-season at the Market. I included information regarding selection, storage, key nutrients, and recipes using the featured produce item. Some examples of the flyers I created are included in Appendix 1.

The other promotion tool we used for the Market was a radio spot. I was responsible for updating the script each week with the featured produce items and promoting our special guest. An example script can be found in Appendix 2. The ad ran on a local radio station on Tuesdays and Wednesday mornings to serve as a reminder for the market and communicate the opportunity to obtain fresh locally grown produce to Topeka and surrounding communities.

In addition to these promotional items I helped communicate with our weekly special guest. The special guest is typically either a local business or non-profit organization that works in the physical activity, nutrition, or food access area. I reached

out to six local organizations, and had officially scheduled three of them at the time my experience ended. Approximately one week before each guest's visit to the market I contacted them with reminders about what they needed to bring to market and clarified any other questions before their visit date.

While staffing the manager's table during market each week we also distributed various information and promotional materials, most of which were obtained via the From the Land of Kansas organization. In July we had a meeting with representatives to discuss how we had been using their materials, which they had generated as part of a grant their organization received. This meeting helped me see Farmers Markets from a broader perspective and learn more about other ways in which markets operate in Kansas.

Kansas Senior Farmers Market Nutrition Program (KSFMNP)

KSFMNP is a USDA-funded program that "provides a once annual benefit to low-income seniors to purchase fresh fruits and vegetables, herbs and honey from certified farmers at Farmers Markets in Kansas" (Kansas Department of Health and Environment, 2018). The PAN Manager is responsible for managing this state-wide program, which gave me the opportunity to work with this program. The program benefits come in the form of a check book with six checks, each worth $5. These checks are sent from KDHE to local agencies to be distributed to seniors around Kansas. Every month the local agencies send an updated log with the name and check numbers that were distributed. Since the season had already started my main duty was to update the monthly check logs submitted by the local agencies. Since there are a limited number of books due to the amount of funding allocated for this program, this log was essential to tracking how many of the books have been distributed as well as the counties in which the remaining books are located.

One problem this program often encounters is that farmers who wish to continue participating in the program do not properly complete the annual re-certification process. This poses a problem because a non-certified farmer cannot redeem the vouchers at the bank and therefore cannot receive payment for the produce that was sold. To help prevent this issue in future years, I was asked to come up with ideas for a solution. My

suggestions included mailing reminder postcards to the previous years' farmers during the enrollment period. The postcards are a more affordable and feasible option than mailing the application itself, which would require more paper and time to stuff the envelopes. My preceptors liked this idea and intend to implement it before the season begins next year.

Statewide Farmers Markets

Farmers Markets around the state are also monitored by KDHE partially through a grant with the Center for Disease Control (CDC), so having an up-to-date list of the markets in operation in Kansas is important. A master spreadsheet was started a few years ago with information regarding the days/times of operation, location, and contact information for each Market as well as if it was SNAP and/or KSFMNP certified. It had been a few years since the spreadsheet was updated, so it was my task to investigate the 180 markets on the spreadsheet to verify their information, update it as needed, and search for any new markets that had started after the previous list was compiled. I utilized local city websites, social media pages, and made some phone calls to update the information on each market. In the end I had identified nine new markets, 23 that were no longer in existence, and validated the remaining 148 markets operating in Kansas. The lead Epidemiologist used this information to generate a map that was shared with the CDC and the residents of Kansas.

To further promote Farmers Markets in Kansas, KDHE wanted to create an informational flyer/brochure to provide more information about Farmers Markets and their related programs/organizations. This includes SNAP, KSFMP, and From the Land of Kansas. My task was to write the text to be included on this fact sheet. After writing the brief description of each program it was sent to the employee responsible for developing the brochure.

Theme 2: Grant Management

As a state agency KDHE is responsible for handling various federally-funded grant programs. Much of their role involves determining how to properly allocate these federal funds to local communities to have a positive impact on public health. The two major KDHE grant projects are referred to as 1422 and 1305. Connected to 1305 is the

Chronic Disease Risk Reduction (CDRR) grant, which has the goal of reducing the risk of developing chronic disease by targeting behaviors related to tobacco use, physical activity, and nutrition that have been shown to contribute to chronic disease development. My assistance with this project is described below.

Chronic Disease Risk Reduction (CDRR) Grant – Strategies (spreadsheet)

KDHE entered the last year of a five-year grant plan from the CDC in the summer of 2017. One of these grants is the CDRR Grant. This grant involves the interaction with 24 local grantee communities on evidence-based strategies focused on tobacco use, physical activity, nutrition, and chronic disease self-management. Each community can select which specific strategies they want to work on from the master work plan created by KDHE and the CDC. Each fiscal year, the grantee communities are required to submit updated work plans with specific tactics for how they will implement each strategy in their community. My responsibility was to update a master spreadsheet to reflect the FY18 work plans in each community. To do this I created three spreadsheets to present the information in different ways. The first sheet was a tally of how many communities were working on each strategy. The second sheet was organized by grantee and included more specific detail regarding what they were doing within each strategy to meet the need in their community. The final sheet was organized by the broader strategy of the work plan and included the specific tactics and actions the grantees had selected to complete the strategy.

Many KDHE employees expressed appreciation for having this updated document, citing how they can use it when they meet with grantee coordinators and conduct annual evaluations. My preceptor also intends to use this information to develop an interactive map that will be utilized by KDHE, the grantees, and the public. The interactive map would allow the user to click on each of the CDRR communities to see what specific objectives they are working on and how the community plans to complete the objective. When I left KDHE in August the map project was still on hold but was hopefully put into action over the next few months.

Theme 3: Internal Communication

Internal communication between KDHE employees is essential for the organization to effectively promote health and execute their grant-funded projects. Some of my tasks during the field experience helped enhance the communication within KDHE between employees.

New-employee on-boarding

I had to quickly learn a lot of information regarding current projects and grants at the beginning of my field experience. KDHE oversees multiple grant projects from different organizations, making it a challenge to differentiate between them all while also understanding how they are connected to one another. During this process I created a diagram connecting the grant projects and funding sources to provide a visual representation of KDHE's grant projects. When I mentioned this to my preceptor she asked me to create a PowerPoint explaining the basics of each project and how they are connected to one another that could be used in the on-boarding process for future employees. After developing some of the content and having my preceptor add in additional key information, this presentation was implemented during the on-boarding process of some new BHP employees in August.

I also assisted with the on-boarding of the new PAN Health Educator during the last week of my experience. Much of my time at KDHE involved completing tasks that the new health educator will now be responsible for (due to her position being vacant for the majority of my experience). One of her new responsibilities was going to be managing the Capitol Midweek Farmers Market, so I created a checklist of what I did each week and when I did it, including the contact information for distributing the promotional materials.

The Community Guide – PowerPoint development and GoTo Meeting Leader

KDHE was planning to develop new work plans in the months after my experience ended for the next grant cycle scheduled to start in 2019. Utilizing evidence-based strategies in these government-funded grant work plans is critical to the success of these programs. A significant amount of funding and resources are utilized to implement the strategies, so it is important that appropriate actions are being taken to maximize

the impact of the investment on public health. To help with this process I was asked to develop and give a presentation highlighting different evidence-based physical activity and nutrition/obesity interventions identified and reviewed by The Community Guide (Community Preventive Services Task Force (CPSTF), 2017). The Community Guide is a database of public health interventions covering eighteen different topic areas. Each intervention has undergone a systematic review conducted by the Task Force. Based on the quality and quantity of evidence available, the Task Force can come to one of three conclusions: Recommended, Recommended Against, or Insufficient Evidence (CPSTF, 2017). The insufficient evidence category does not mean the intervention would not work, but rather that the research to fully support it does not currently exist.

There were 12 Physical Activity intervention strategies and 16 intervention strategies related to Nutrition/Obesity that I compiled into a PowerPoint presentation. On the last day of my field experience I presented this information in a GoTo meeting with five Community Health Specialists and Educators. The meeting lasted approximately 45 minutes including the presentation and questions. After the meeting I received positive feedback from those who attended, and they indicated that the information I presented would be useful as they were preparing to move into their grant planning meetings the following week. My preceptor also sent the PowerPoint to their CDC Project Officer after I left, and the Project Officer also intends to share it with other colleagues at the CDC.

Theme 4: Evaluation/External Communication

The final theme of projects I worked on during this experience involves evaluation of grant project deliverables. Toward the end of my internship KDHE was evaluating all the projects they had done throughout the year in preparation for their annual report to the CDC. Since there is a large amount of information to be reported on, I was asked to analyze data from two projects for which KDHE had already gathered evaluation data.

Evaluation – Farmers Market Workshops

The first project I evaluated was the Farmers Market Workshops, which had been conducted by KDHE in March of 2017. There were four different workshop locations, and it was my job to qualitatively and quantitatively analyze the participant feedback

from each location and combine the feedback into an overall summary. I also looked to see whether there were any specific feedback trends based on location (i.e. Rural vs. Urban).

I coded the responses and kept a tally of key themes. Using these counts I identified the top five themes and wrote a summary of my findings that was included in the lead Epidemiologist's report, and can be found in Appendix 5.

Evaluation – Healthy Kansas School Key Informant Interviews

I also did a mixed-methods analysis of Key Informant Interviews conducted as part of the Healthy Kansas Schools grant project. This analysis required me to combine information about the project from eight districts, including facilitators that helped the districts meet their goals, barriers they faced, and methods they used to overcome these barriers. This analysis also included questions inquiring about the extent to which each district currently met certain grant requirements (e.g. Sending nurses to X number of trainings) and asked for feedback on what KDHE can do to help the districts succeed.

I used the same method to identify themes across all districts and also identified barriers and/or facilitators that were unique to each district. There were three sections in the interviews, and I wrote approximately a two paragraph summary for each section. With some minor revisions, this text was also included in the epidemiologist's report to the CDC. A sample of the written summary can be found in Appendix 5.

Chapter 3 - Connection to MPH Core Competencies

My field experience at KDHE exposed me to many different aspects of public health at the state level. I was fortunate to have the opportunity to work on different projects within BHP, from hands-on efforts at the Farmers Market to creating internal documents and analyzing evaluation data on the back-end of public health programs. This experience helped me develop and utilize some of the core public health competencies. The five specific competencies most relevant to this experience are described next.

Competency 1: Interpret results of data analysis for public health research, policy or practice

I utilized this competency when analyzing and reporting the evaluation data from the Farmers Markets workshops and Healthy Kansas Schools key informant interviews. In this situation I utilized the data I was provided to identify themes and look for relationships between different groups. With this information I interpreted the results and summarized them to be reported to the overseeing CDC body. The Farmers Markets are an important grant deliverable, so by identifying pros and cons of the training I can inform the event planners on what can be improved in the future. These trainings set the foundation for markets, so it is important to ensure farmers and market managers are properly trained on operation, safety, and market management. They should also feel confident in their ability to run a market, especially those in rural areas, as this is key to maintaining the quality network of Farmers Markets in Kansas.

The Healthy Kansas Schools initiative is another sub-grant that is a collaboration between KDHE and the Kansas Department of Education (KSDE). This analysis and report will be useful in identifying ways to improve the project's implementation. The interview evaluation identified some barriers and facilitators each district is currently facing. With this knowledge, as well as feedback from district representatives as to the effectiveness of communication between KDHE, KSDE, and the district, KDHE can make adjustments as needed to help the districts meet the grant objectives and improve public health.

Competency 2: Select Communication strategies for different audiences/sectors

This competency was applied through my work promoting the Capitol Midweek Farmers Market. Each week I developed a flyer that was distributed to KDHE employees as well as other state government offices in downtown Topeka. This flyer was targeted towards these employees because their offices are located within one block of the market. Downtown employees were the original target population in mind when the market was started 11 years ago. By creating this flyer we continue to reach out to them to communicate about what is going on at the market.

To reach members of the surrounding community we used radio advertisements. These 30-second bits ran on Tuesdays and Wednesday mornings to remind the community about the opportunity to purchase fresh produce. Most Farmers Markets are held on Saturdays, but some households like to purchase fresh, local produce more than once a week. The radio ad was the communication strategy utilized to reach a more diverse audience and increase market attendance.

Competency 3: Communicate audience-appropriate public health content, both in writing and through oral presentation

This experience gave me the opportunity to communicate public health content in both written and oral format. Examples of written communication include the summaries of the grant project evaluations, writing content for the state-wide Farmers Market promotional brochure, creating the weekly flyer and radio script, and creating/updating the grant work plan and Farmers Market spreadsheets.

I also communicated orally with fellow public health workers by presenting the Community Guide evidence-based strategies. For this presentation some of the attendees were physically present while others were attending via a conference call through the GoTo Meeting software. During this presentation I was able to elaborate more on the strategies and answer questions as they arose.

Competency 4: Perform effectively on interprofessional teams

I completed this competency through my work with both preceptors, other employees within BHP, and my interactions with the community. Jennifer and Warren were the people I primarily interacted with, but I also helped the Epidemiologist analyze some data in preparation for the annual CDC report. I was also able to interact with members of the community, including contacting special guests in preparation for the weekly Farmers Market and contacting the farmers directly. My interactions with both the vendors and guests at our market helped the Market run smoothly each week as both groups were prepared in advance on what to expect. Furthermore, I also regularly communicated with the individuals responsible for disseminating the flyer and radio ads that I created each week to promote the farmers market to ensure that our promotional materials were reaching their intended audiences.

Competency 5: Apply systems thinking tools to a public health issue

One public health issue in Kansas is access to healthy food, including fresh produce. The Kansas Senior Farmers Market Nutrition Program is a program already in place to help address this issue within the senior population in Kansas. I examined the bigger picture to determine how we could make this program more accessible and operate more smoothly. The farmers and the seniors are the two populations most impacted by the program, with local health agencies serving as the mediators responsible for distribution of the checks. To address the farmers I came up with the idea of sending reminder postcards to recertify. To increase participation I had the idea of having the local health department/distribution agency reach out to organizations where they can reach a large number of seniors. I suggested talking with churches and senior homes since they have a large base of eligible seniors. To increase usage of the checks by seniors, I suggested including more instructions and/or giving them more information regarding how to use the checks. By completing each of these actions KDHE will be able to target each level of this system to improve it.

Chapter 4 - Conclusion

Completing my field experience at KDHE gave me a greater understanding of the field of public health. While most of the work I did was related specifically to Health Promotion and chronic disease prevention, this experience exposed me to how public health systems operate at the state-level. From this experience I obtained hands-on experience working with program implementation, communicated with members of the community as well as fellow public health workers, and analyzed evaluation data. Every task I completed added value to at least one part of the broader public health picture. These tasks also increased my proficiency in the public health core competencies. The skills and experience I gained during my time at KDHE can be translated to various public health settings as I transition into a career as a public health professional.

References

Community Preventive Services Task Force (2017). *The Community Guide*. Retrieved from https://www.thecommunityguide.org/.

Kansas Department of Health and Environment (2018). *Kansas Senior Farmers Market Nutrition Program*. Retrieved from http://www.kdheks.gov/sfmnp/.

Appendix 1 – Farmers Market Flyers

Every Wednesday, 7:30 a.m. - 12:30 p.m. @ 10th Avenue between Jackson and Harrison

CAPITOL MIDWEEK

Farmers Market

11 Years of Fresh in the Capital City

Featured Produce of the Week:

Watermelon

Watermelon Recipes:

Step 1: Slice the watermelon

Step 2: Enjoy!

- Watermelon Berry Popsicles
- Watermelon Smoothie
- Watermelon-infused water
- Minty Lime Watermelon Slices
- Watermelon Peach Spritzer
- Agua Fresca

You could also serve the drinks in a watermelon keg! Click here to learn how.

Fresh on August 9

Watermelon, Cantaloupe, Cucumbers, Eggplant, Okra, Peppers, Potatoes, Sweet Corn, Onions, Squash, Tomatoes, Tomatillos, & Zucchini

Special Guest:

Topeka365

Visit Topeka will be promoting Cyclovia Topeka and other upcoming events around the city

Watermelon Facts:

Key Nutrients:

- Vitamins A & C

A good watermelon:

- Is firm, and symmetrical
- Feels heavy for its size
- Should sound hollow when knocked on
- Has a smooth and slightly dull rind

Storage:

- Uncut watermelon — best if stored between 50°-60°
  - Keep away from ethylene-producing foods (ex. Apples, peaches, pears)
- Cut watermelon — keep refrigerated in an airtight container; typically good for 3-5 days

For more information about the health benefits of watermelon, Click Here

Sponsored by the Kansas Department of Health and Environment Bureau of Health Promotion.

http://www.kdheks.gov/bhp/farmers_market/index.htm

Every Wednesday, 7:30 a.m. - 12:30 p.m. @ 10th Avenue between Jackson and Harrison

Fresh on August 2

Cantaloupe, Sweet Corn, Watermelon, Cucumbers, Green Beans, Cabbage, Zucchini, Onions, Tomatoes, Potatoes, Peppers, Okra, and Flowers.

Special Guest:

girl scouts

Capitol Midweek Farmers Market

11 Years of Fresh in the Capital City

Featured Produce of the Week:

Sweet Corn

- Corn is a good source of fiber, B-vitamins, and minerals.
- Corn is technically considered grain because of its seed. However, sweet corn is harvested earlier so it can be eaten like a vegetable
- When picking corn, check to make sure the kernels are plump and tightly packed
- Corn should be stored in the refrigerator, and cooked soon after it is picked so it doesn't lose its flavor
- Did you know? The United States is the world's largest producer of corn, with 58% used for animal feed

Fun fact: An ear of corn always has an even number of rows

Sweet Corn Recipes:

Grilled Corn Salsa

Cheddar Bacon Ranch Corn

Corn Chowder

Southwest Tacos

For additional tips on how to grill corn, Click Here

*Note that August 2nd will be the last day Roxy's Bakery will be at market this season. However, Roxy is willing to make weekly deliveries Wednesday afternoons so if you are interested be sure to stop by her booth!

Sponsored by the Kansas Department of Health and Environment Bureau of Health Promotion.
http://www.kdheks.gov/bhp/farmers_market/

Appendix 2 – Example Radio Script

CLIENT: CAPITOL MIDWEEK FARMERS MARKET
LENGTH: 30
SPOT TITLE: TUESDAY & WEDNESDAY, JUNE 27-28

SHOP THE CAPITOL MIDWEEK FARMERS MARKET EVERY WEDNESDAY MORNING AND SEE WHAT LOCAL GROWERS HAVE TO OFFER. IT'S OPEN 7:30 A.M. TO 12:30 P.M. ON THE CAPITOL'S SOUTH SIDE ALONG 10TH AVENUE. THIS WEDNESDAY, JUNE 28, THE MARKET WILL FEATURE CORN, BEETS, ONIONS, ZUCCHINI, SQUASH, TOMATOES, PEPPERS, POTATOES, PECANS, CUCUMBERS, LEAFY GREENS, FLOWERS, BAKED GOODS, EGGS, AND MORE. THIS WEEK'S SPECIAL GUEST, THE RUSTY WAGON PIE COMPANY, WILL BE SELLING THEIR FRUIT PIES AND OFFERING FREE SAMPLES. COME CHECK IT OUT!

Appendix 3 – Community Guide Presentation

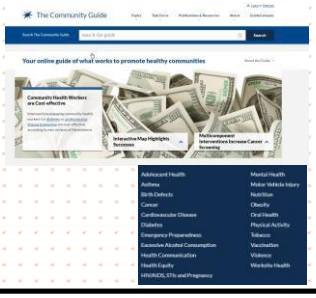
The Community Guide

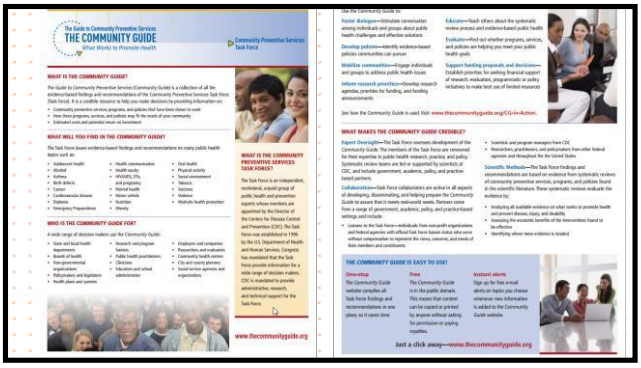
Evidence-Based Recommendations for Public Health Interventions

Rebecca Gasper
August 10, 2017

What is The Community Guide?

- An online collection of evidence-based recommendations
  - Based on systematic reviews conducted by the Community Preventive Services Task Force
- Task Force was established in 1996 by DHHS and is overseen by the CDC
- 18 topic areas have been investigated
  - Can include specific risk behaviors, settings, and specific health/disease conditions





What is the Community Guide - Cont'd

- Systematic review = analysis of multiple research studies in order to:
  - Identify what interventions work and how to select them
  - See if the intervention has worked in multiple populations/settings
  - Determine if there are any benefits or harms resulting from an intervention
- Many reviews for certain interventions also include a cost-benefit economic analysis
  - However, the economic analysis has no impact on the recommendation made by the Task Force
- After the review is complete, one of three decisions is made

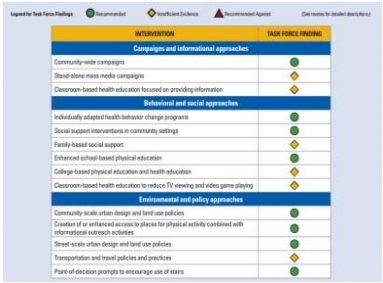
Potential Outcomes of Systematic Review:

- **Recommended**
  - Is strong & sufficient evidence that specific intervention is effective
- **Recommended Against**
  - Strong & sufficient evidence exists that specific intervention is NOT effective
- **Insufficient Evidence**
  - There is not enough evidence to draw a conclusion
  - Often indicates more research is necessary

Evidence-Based Physical Activity Interventions

Based on systematic reviews conducted by the Task Force at The Community Guide

Summary of PA Interventions



INTERVENTION	TASK FORCE FINDING
Campaigns and informational approaches	
Community-wide campaigns	●
Stand-alone mass media campaigns	◆
Classroom-based health education focused on providing information	◆
Behavioral and social approaches	
Individually adapted health behavior change programs	●
Social support interventions in community settings	●
Family-based social support	◆
Enhanced school-based physical education	●
College-based physical education and health education	◆
Classroom-based health education to reduce TV viewing and video game playing	◆
Environmental and policy approaches	
Community-scale urban design and land use policies	●
Creation of or enhanced access to places for physical activity combined with informational outreach activities	●
Street-scale urban design and land use policies	●
Transportation and travel policies and practices	◆
Point-of-decision prompts to encourage use of stairs	●

Community-Wide Campaigns

- Community-Wide Campaigns are large-scale, *multi-component* efforts with high visibility.
  - Can include television, radio, newspaper, and movie trailer promotions
  - Also include individually-focused efforts (ex. Support groups, risk factor screening, education at worksites & schools, environmental activities)
- Evidence supports improvement in physical fitness in adults and children, as well as increases in knowledge about physical activity and intentions to be active

***Recommended**

Stand-Alone Mass Media Campaigns

- Stand-alone mass media campaigns communicate messages about physical activity to large, general/broad audiences with the goal(s) of:
  - Increasing awareness/knowledge of PA benefits
  - Influencing attitudes/beliefs about PA
  - Changing PA behaviors
- Includes traditional media channels like newspapers, brochures, manuals, radio, TV, billboards, websites
- Modest and inconsistent evidence of effectiveness was found
  - Much variation in duration, intensity, planning, cost, and delivery of the intervention

Note: Review does NOT include media campaigns as part of a broader intervention OR interventions using the Internet, social media, or mobile devices

***Insufficient Evidence**

Classroom-Based Health Education focused on providing information

- Health Education classes (taught in elementary, middle, and/or high school) designed to provide knowledge and skills for rational decision making
  - Topics can include consequences of physical inactivity, nutrition, smoking, etc.
- Inconsistent results were found regarding the impact on students' physical activity and fitness levels
  - However, evidence did suggest classes increased student knowledge and resulted in students having a more positive attitude toward physical activity
- Note: PE classes were NOT included in this review

***Insufficient Evidence**

Individually-Adapted Health Behavior Change Programs

- Programs teach behavior *skills* about incorporating physical activity into one's *daily routine* and are tailored to individual interests, preferences, and readiness for change. Skills include:
  - Goal-setting, self-monitoring, building social support, reinforcing behaviors (ex. Positive self-talk), structured problem solving, & relapse prevention
  - Intervention can incorporate constructs from health behavior change models (ex. Social Cognitive Theory, Health Belief Model, Transtheoretical Model)
- Evidence indicates improvement in physical activity level and physical fitness

***Recommended**

Social Support Interventions in Community Settings

- Interventions work to build, strengthen, and maintain social networks supportive of behavior change (i.e. physical activity). Use 1+ of:
  - Setting up a "buddy" system
  - Creation of "contracts" with others (often for a specified PA goal)
  - Establishment of walking groups
- Evidence supports an improvement in physical activity (duration and frequency) and physical fitness (strength, flexibility)
  - More frequent support related to more activity

***Recommended**

Family-Based Interventions

- Aim to increase children's PA level by building family support through the use of:
  - Goal-setting skills and tools to monitor progress
  - Reinforcement of positive health behaviors
  - Organized PA sessions
  - Some studies also provided information about other behaviors (ex. Food choices)
- Sufficient evidence suggests family-based interventions increase physical activity in children
  - Note that interventions should be tailored towards family's ethnicity, culture, time constraints, and family psychosocial environment
  - Findings applicable to families with children ages 5-12

***Recommended**

Enhanced School-based Physical Education

- Enhanced PE is modified curriculum that increases the amount of time students spend being physically active through:
  - Modification of teaching strategies (i.e. substituting more active games, modified class organization)
  - Incorporating more fitness/circuit activities into PE lessons
  - Intervention could *also* be combined w/ other health education, family, and/or community engagement interventions
- Evidence suggests enhanced PE increases the amount of time students spend in MVPA during PE class (by ~10%)
  - PE also gives students an opportunity to develop key movement skills for lifetime use and personal self-management skills (ex. Goal-setting, social and emotional development)
  - Enhanced PE is often part of CSPAP

***Recommended**

College-Based Physical Education & Health Education

- Interventions include education through behavioral education and/or course work
  - Program needed to include *supervised* physical activity with goal-development activities and social support
  - Goal of interventions is to set up long-term behavior patterns during life transition stage
- Only 2 studies qualified for the review, and due to variability within the interventions there is not enough evidence to draw a conclusion
  - Also insufficient evidence supporting the long-term benefits of these programs

***Insufficient Evidence**

Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design

- Coordinated approach includes improvement of bicycle and/or pedestrian transportation systems *with* 1+ land use design
- Goal is to modify environmental characteristics to increase physical activity
  - Transportation system interventions:
    - Street connectivity, sidewalk/trail infrastructure, bicycle infrastructure, public transit infrastructure & access
  - Land use/environmental design interventions enhance:
    - Mixed land use environments (destinations to live, work, and play), increased residential density, proximity to destinations, access to parks and other recreation facilities
- Strategy could also include additional promotion activities (ex. Safe Routes to School)
- Evidence indicates an increase in physical activity after a combination of transportation system and land use interventions

***Recommended**

Creation of OR Enhanced Access to Places for Physical Activity *Combined* with Informational Outreach Activities

- Collaboration between local groups to change local environments and create new opportunities for physical activity, including:
  - Creating/improving walking trails
  - Building exercise facilities
  - Providing access to existing facilities
- Some interventions also included weight equipment training, health education, risk factor screening, and/or workshops
- Evidence indicates an overall improvement in exercise level, along with increases aerobic capacity, energy expenditure, and decreases in body fat

***Recommended**

Point-of-Decision Prompts to Encourage Use of Stairs

- Prompts include motivational signs placed near stairwells or at base of elevators/escalators to encourage stair use. These prompts can:
  - Inform people of health benefits of stairs
  - Remind people of an opportunity to be active
- Prompts could also have been combined w/ other environmental changes
- Evidence supports a moderate increase in physical activity level by those who take the stairs
  - Prompts should be tailored towards specific population to increase effectiveness
  - Insufficient evidence regarding the effectiveness of stairwell enhancements (i.e. additional artwork, carpeting, playing music) in addition to point-of-decision prompts

***Recommended**

Conclusion – Physical Activity Interventions

- Informational, Environmental, and Behavioral approaches can all be effective means to increase physical activity
- Future interventions and campaigns should consider these research findings and recommendations in the planning phases
- Additional information can be found on each of the approaches in this article: https://www.thecommunityguide.org/sites/default/files/publications/pa-ajpm-evrev.pdf

Evidence-Based Nutrition & Obesity Interventions

Based on systematic reviews conducted by the Task Force at The Community Guide

Summary of Obesity/Nutrition Interventions

Intervention	Task Force Finding
Interventions in Community Settings	
Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children	●
Increasing Water Access in Schools	◆
Meal and Fruit and Vegetable Snack Interventions to Increase Healthier Foods and Beverages Provided by Schools	●
Supporting Healthier Snack Foods and Beverages Sold or Offered as Rewards in Schools	◆
Multicomponent Interventions to Increase Availability of Healthier Foods and Beverages in Schools	●
Worksite Programs	●
Technology-Supported Multicomponent Interventions	
To Reduce Weight	●
To Maintain Weight Loss	●
Provider-Oriented Interventions	
Provider Education	◆
Provider Education with a Patient Intervention	◆
Provider Feedback	◆
Provider Reminders	◆
Multicomponent Provider Interventions	◆
Multicomponent Provider Interventions with Patient Interventions	◆

Behavioral Interventions to Reduce Recreational Sedentary Screen Time Among Children

- Two types of behavioral interventions for reducing recreational screen time:
  - Screen-time only
  - Screen-time *plus* interventions focus on increasing PA and/or improving diet
- Teach self-management skills for behavior change through one or more of:
  - Classroom-based education, tracking/monitoring, coaching/counseling sessions, and family- based or peer social support
- Intervention can be High or Low Intensity
  - High = use electronic monitoring device OR ≥ 3 personal or computer-tailored interactions focusing on screen time reduction
  - Low = ≤ 2 personal or computer-tailored interventions
- Evidence supports that behavioral interventions are effective at reducing recreational screen time, increasing physical activity, improving diet, and weight- related outcomes in children below age 13
  - Is limited evidence regarding effectiveness of intervention among adults

***Recommended**

Interventions to Support Healthier Foods/ Beverages in Schools

- The following 4 interventions are ways to make healthier choices more appealing to students and/or ways to limit access to less healthy choices
- Each intervention may also include:
  - Healthy food & beverage marketing strategies (ex. Placing healthier options in easy to find locations, offering taste tests of new items, posting signs to promote healthier options)
  - Healthy eating learning opportunities (ex. Nutrition education)
- Each intervention's effectiveness was measured based on:
  - Obesity/overweight prevalence
  - BMI Z-score
  - Energy Intake
  - Sugar-sweetened beverage intake
  - Low-nutrient food intake
  - Fruit & vegetable intake
  - Milk intake
  - Water intake
  - Fruit juice intake
  - Diet Quality Indices

Interventions in Schools: 1. Increasing Water Access in Schools

- Goal is to make safe and free drinking water more accessible during the school day. Interventions can include:
  - Procedures to ensure drinking fountains are clean and maintained
  - Availability of drinking fountains throughout the school
  - Policies allowing students to have water bottles in class
- Evidence is insufficient due to an inadequate number of studies available
  - However, included studies did have a favorable impact on water intake and obesity/overweight prevalence
  - Included studies had no effect on sugar-sweetened beverage and fruit juice intake

***Insufficient Evidence**

Interventions in Schools:
2. Meal and Fruit & Vegetable snack interventions

- Goal is to increase availability of healthier foods and beverages for students in the school
- Interventions must include one (or both) of the following strategies:
  1. School meal policies ensuring meals meet specific nutrition requirements
  2. Programs provide fresh fruit/vegetables to students during lunch or snack time
- Aims to provide healthy, more appealing food and/or limit access to unhealthy options
- Evidence supports a favorable impact on obesity/overweight prevalence and fruit & vegetable intake

***Recommended**

Interventions in Schools:
3. Healthier foods sold/offered as a reward

- Goal is to support healthier food access. Interventions include:
  1. Policies requiring foods and beverages sold during the school day (outside of the meal program) meet established nutritional standards
     - Covers items considered "competitive foods and beverages" within school meal programs (ex. A la carte foods, vending machines, snack bars, school stores, in-school fundraisers)
  2. Policies encouraging healthy options be served during classroom parties or use of nonfood rewards
- Evidence is considered insufficient since are not enough studies
  - However, the few studies included had a favorable impact on overweight/obesity prevalence, BMI z-score, low-nutrient food intake, and milk intake

***Insufficient Evidence**

Interventions in Schools:
4. Multicomponent interventions to increase availability

- Multicomponent intervention must include at least one component from both intervention #2 (meal and snack) and intervention #3 (healthier rewards)
  - School meal policies ensuring meals meet specific nutrition requirements
  - Programs provide fresh fruit/vegetables to students during lunch or snack
- These interventions could also include:
  - Healthy food & beverage marketing strategies (ex. Placing healthier options in easy to find locations, offering taste tests of new items, posting signs to promote healthier options)
  - Healthy eating learning opportunities
- Evidence supports a favorable impact on obesity/overweight prevalence and fruit & vegetable intake

***Recommended**

Worksite Programs

- Worksite programs aim to improve health behaviors of employees
- Nutrition and physical activity interventions can include 1+ of:
  - Information & education (ex. Lectures)
  - Activities that target thoughts and social factors affecting behavior change (ex. Counseling, skill-building activities, rewards, reinforcement)
  - Changing physical or organization structure to support healthy choices that target the entire workforce (ex. Availability of healthy foods, physical activity opportunities, health insurance benefits, health club memberships provided)
- Evidence suggests worksite programs are effective at reducing weight among employees
  - Recommendation is applicable to white-collar workforce
  - Most studies analyzed incorporated both information and behavioral health strategies
  - Evidence also suggests more intense programs may have a greater effect
    - Structured > unstructured; information + behavioral counseling > information only

***Recommended**

Technology-Supported Multicomponent Interventions:
1. To Reduce Weight

- Intervention involves use of technology (i.e. computers, video conference, PDAs, mobile apps) by counselors to assist with weight loss of a client
- Interventions could also incorporate tracking/monitoring, social interaction, face-to-face counseling, and education
- Evidence suggests technology-supported interventions are effective at improving weight-related behaviors or outcomes

***Recommended**

Technology-Supported Multicomponent Interventions:
2. To Maintain Weight Loss

- Intervention involves use of technology (i.e. computers, video conference, PDAs, mobile apps) by counselors to help clients *maintain* weight loss
- Interventions could also incorporate tracking/monitoring, social interaction, face-to-face counseling, and education
- Evidence suggests technology-supported interventions are effective at maintaining weight-related behaviors or outcomes
  - Included studies support evidence of maintenance from 12-18 months

***Recommended**

Provider Education

Provider Education (only)

- Provider Education includes teaching providers about overweight/obesity management of their patients
- Goal is to change their attitudes and practices to reflect increased knowledge
  - Could also include information regarding other health topics (ex. Diabetes, CHD)
- There were not enough studies available to conduct a review to measure the effectiveness of this intervention

Provider Education + Patient Intervention

- This intervention involves educational and behavioral counseling for patients implemented by the provider who is receiving the education
- There is not enough evidence to support the effect of this intervention on provider behavior to reduce or maintain weight of adult patients

Provider Feedback

- Two-step process of provider feedback includes:
  - Assessing the provider's delivery of weight screening and treatment
  - Giving the providers with feedback on their performance
- Goal is to improve the following in providers:
  - Collection and recording of weight-related measures (ex. BMI)
  - Delivery of weight-loss advice
  - Efforts made to assist patients in weight loss attempt
- Is insufficient evidence for this intervention due to no studies qualifying for the systematic review

***Insufficient Evidence**

Provider Reminders

- Involves prompts for providers to perform weight-management screenings and/or treatments
  - Could also include diabetes or heart disease prompts
- Reminders could include computer prompts, chart stickers, & checklists
- Goal is to improve the following in providers:
  - Collection and recording of weight-related measures (ex. BMI)
  - Delivery of weight-loss advice
  - Efforts made to assist patients in weight loss attempt
- Is not enough evidence to support effectiveness of reminders on patient obesity
  - Only a small number of studies available that have inconsistent outcomes

***Insufficient Evidence**

Multicomponent Provider Interventions

- Multicomponent interventions involve a combination of education, feedback, and reminders to change knowledge, attitudes, and practices of providers
- Interventions can be delivered in workshops, lectures, seminars, written materials, videos, reports
- Is not enough evidence to conclude effect on patient obesity prevention or management
  - Too few studies reporting patient-level outcomes and/or provider behavior results

***Insufficient Evidence**

Multicomponent Provider Interventions + Patient Interventions

- This multicomponent intervention includes the provider-targeted interventions (i.e. education, feedback, reminders) in combination with patient interventions
  - Patient interventions could include lifestyle education and/or behavioral interventions
- Evidence is insufficient due to lack of data regarding provider behavior change
  - Only moderate effects on patient weight were found in the included studies

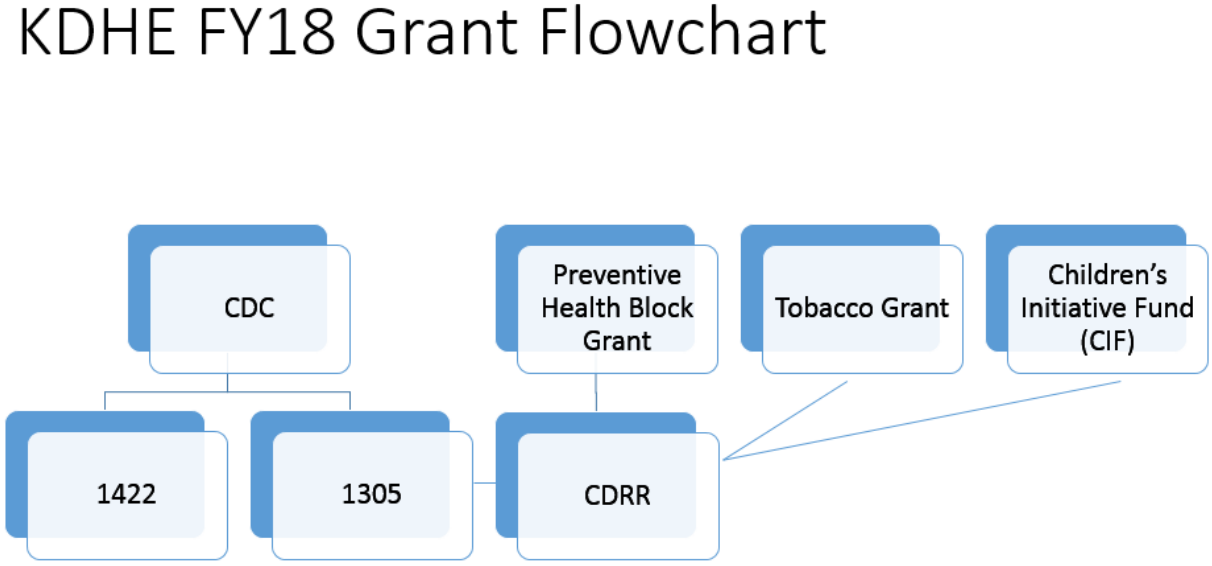
***Insufficient Evidence**

Conclusion

- Interventions to reduce sedentary time in children can be effective in improving weight outcomes
- Schools and worksites are good places for nutrition and obesity interventions
- A combination of information and behavioral interventions can have a greater impact
- There is a lack of evidence regarding provider-based counseling for weight management of patients
- A summary chart with links to more information regarding each intervention approach can be found here: https://www.thecommunityguide.org/content/task-force-findings- obesity

Questions?

Appendix 4 – KDHE Grant Diagram



Appendix 5 – Evaluation Summaries

Farmer's Market Evaluation Summary:

Findings/Results

Please describe the findings/ key results of your outcome evaluation.

1) Evaluations were conducted at 2017 Farmers Market State Conference and Regional Workshops asking attendees to rate the extent to which identified barriers and facilitators impact their local markets. The most commonly reported barriers by participants who completed the evaluation were: not selling enough product (69.2%), lack of advertising/promotion of the market (65.4%), lack of community support (65.1%), inadequate market facilities (55.7%), too few vendors (54.5%) and lack of knowledge about federal nutrition programs including KSFMNP and SNAP (52.9%). Attendees were also asked to identify any unique barriers they face. Responses included: a lack of public awareness about the seasonality (both produce and market availabilty) and misconception that markets are more expensive. Other factors include regulation/policy enforcement, a lack of young customers, competition with other local markets, and general knowledge about marketing strategies to reach new customers. When asked to identify what contributes to the success of their market, having the market in a central location in the community was key. Having diversity in vendors and product sold was also a facilitator, as are strong community support, vendors that are friendly, loyal and work together as well as loyal customers, infrastructure (especially a covered area that allows the market to operate in rainy weather), the KSFMNP program, paid market managers and the use of social media for promotion.

Healthy Kansas Schools Evaluation Summary:

Overall Summary of Key Informant Interviews:

Bureau of Health Promotion staff conducted key informant interviews by phone with eight of the twelve target local education agencies (LEAs) funded by the Healthy Kansas Schools (HKS) grant. These interviews were designed to collect information on facilitators, barriers, and overcoming barriers to managing student chronic conditions, assess the degree to which the districts were meeting grant requirements, and solicit ideas for how to improve grant implementation and address high priority needs moving forward.

A. Facilitators, Barriers, and Overcoming Barriers: Summary

All eight districts interviewed worked to help students manage their chronic conditions. The creation of a health care plan was the most common tool, used by six of the districts. This plan typically incorporated both parent and physician input, and was managed by the school nurse. Four districts also discussed the benefit of working closely with the food service companies to ensure student allergy and nutritional needs were met. Five district coordinators mentioned providing education to the student, parents, and staff about disease management to minimize impact on student learning. Barriers cited by districts included communication with parents (four districts), high student population turnover (one district), lacking full-time nurses (one district), monitoring absences (one district), and a lack of funding or resources to properly address student needs. This financial burden was a common response among the three target LEAs in the Southwest Region, where districts reported a lack of nearby specialists. District coordination staff at four districts cited strong communication between multiple parties including nurses, cafeteria workers, teachers, staff, and parents as an essential tool for ensuring adequate disease management and overcoming common barriers. Three districts cited annual professional development opportunities for nurses and in-service trainings for classroom staff as critical in keeping up-to-date on best practices.

B. Grant Requirements:

All eight districts reported sending nurses to at least two required trainings, with the Kansas School Nurses Conference of July 2016 mentioned by six districts. Seven districts reported sending nurses to trainings focused on the specific conditions of allergies, anaphylaxis, asthma, and diabetes. Districts were generally pleased with the trainings, and three districts reported making a change to student plans and/or general strategies based on the information obtained. Four districts attending such trainings disseminated critical information to other nurses, teachers, parents, and food service providers throughout the district.

Six of the eight districts had at least one representative from a local community health coalition attend a school district wellness policy meeting. The most common representatives attending such meetings were local health departments (three districts), Kansas State University Research & Extension (three districts), dieticians (two districts), hospitals (two districts) and other local organizations (six districts). Information shared during these meetings included community needs, updates on current projects (e.g. Safe Routes to School), and presentations about nutrition and tobacco. One representative helped in writing a school tobacco policy, and another district received free anti-tobacco signage from the local health department. Representatives at wellness policy meetings at six districts did not facilitate the referral of