

Master of Public Health Field Experience Report

DEVELOPING A WORKSITE WELLNESS PROGRAM FOR THE SALINE COUNTY HEALTH DEPARTMENT TO BE USED AS A MODEL FOR OTHER RURAL CENTRAL KANSAS REGION COUNTIES

by

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submitted in partial fulfillment of the requirements for the degree

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Summary

This report covers projects and learning objectives conducted during a field experience for fulfillment of a Master in Public Health degree at Kansas State University. Research and projects were completed within the field experience timeframe. The field experience was completed at the Saline County Health Department (SCHD). SCHD is a county level health agency serving the residents of Salina and surrounding communities of about 55,000 individuals. The mission of SCHD is to assess community health status and available resources, develop policies to support and encourage better health, and to assure that necessary services are provided through other entities, by regulation or by direct provision of services. The primary objective for the field experience was to develop a work-site wellness program that could be used as a model for other central Kansas region counties which will meet the needs and desires of rural health department employees.

Reducing the risk for chronic disease is a major objective for public health at every level. This concern also applies to public health employees. How work-site wellness programs can be developed to reduce chronic disease risk in rural communities is not well understood. Many of the studies pertaining to work-site wellness programs at health departments are conducted in urban areas with large staff groups (Davis, et al., 2009; Perez, Phillips, Cornell, Mays, & Adams, 2011.) One size does not fit all when it comes to work-site wellness programs as there are large variations in needs and available resources. Health disparities between rural and urban populations are on the rise (Singh & Siahpush, 2014) and public health employees living in rural

areas are no exception. This is why we must provide resources and programs such as work-site wellness programs to rural and urban public health employees alike.

Detailed results from qualitative surveys and interviews held with SCHED staff were provided in this report. Some of the barriers to wellness for the worksite were lack of resources, human capital, and inadequate facilities such as lack of showers and exercise equipment. Some of the facilitators for the work-site wellness program were that the majority of SCHED staff were interested and were planning or already making positive health behavior changes.

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Secondly, I would also like to thank my preceptor Jason Tiller for accepting me as his very first graduate student and giving me a real world view into the field of public health. His willingness to broaden my understanding by including me in local and regional meetings has been one of my favorite experiences. He has been a great mentor and I hope that other students are able to enjoy this wonderful experience. I have enjoyed my time at the Saline County Health Department and know I will be back to visit.

I would also like to thank Dr. Annelise Nguyen and Barta Stevenson for being such great MPH staff, instructor, interim director, and connecting me with my field

experience preceptor. They made my time as an MPH student pleasant and kept me on track. Finally, I want to thank my family, friends and the rest of the Kansas State University faculty family for supporting me through my studies and helping me complete the program.

Preface

In partial fulfillment of the degree of Master of Public Health at Kansas State University, a field experience in the public health field must be completed. This report serves the purpose to describe the major projects completed during the field experience, explain the organization in which the field experience was completed, and discuss how the core competencies required for the Master of Public Health degree fit in with the overall field experience. The report is organized in three chapters.

Chapter one describes the main project of focus for the duration of the field experience hours. First, an introductory literature review provides background on the varying barriers, facilitators, and recommendations to work-site wellness programs in different communities. The literature review is followed by qualitative surveys, interviews, results, discussion and recommendations. To better understand the needs of the rural health department employees the results were compiled and analyzed at the SCHD.

The second chapter is a description of the field experience project within the SCHD. This chapter goes in depth into the development and process for creating the worksite wellness program.

Finally, the third chapter reflects on the overall experience and a discussion on the core competencies of the Master of Public Health program. This chapter also discusses the agreed upon learning objectives. Learning experiences are summed up and final thoughts are discussed.

Chapter 1 - Worksite Wellness Literature Review

Introduction

Worksite wellness programs can lead to increases in physical activity and other healthy behaviors, as well as generate savings for the company or organization. (Goetzel 2008, Mills 2007, Naydeck 2008, Baicker 2010). Saline County Health Department (SCHD) is working to promote healthy behaviors such as increasing employee health, productivity and generating savings by creating a worksite wellness program. The purpose of this introductory review of literature is to develop a worksite wellness program by using the most up to date research to implement an evidence-based worksite wellness program in an attempt to improve employee health outcomes for Saline and surrounding North Central Kansas region counties.

Methods

The search included articles from 2005 to 2016. Article topics included the impact of worksite wellness programs on employee health outcomes, savings generated by the program, challenges directly related to implementation in rural environments and barriers to participation in worksite wellness programs. The databases used during the search included PubMed, Scopus, ProQuest and Web of Science. Key words used during the search included: “worksite wellness”, “rural worksite wellness”, “impact worksite wellness”, “developing worksite wellness”.

Results

Worksite wellness programs can lead to significant increases in physical activity and other healthy behaviors (Osilla 2012). These programs can also generate significant savings for the organizations involved (Mills 2007, Baicker 2010).

Implementing a worksite wellness program at the Saline county health department could lead to great increases in physical activity and overall health outcomes because the majority of the work being done at this organization is sedentary these programs have been shown to increase PA (Goetzel 2008).

Rural Counties such as Saline and surrounding north central Kansas counties face different challenges than urban communities (Singh 2014). Some of these barriers include cultural differences, population size, limited human capital, and difficulty demonstrating the connection between social and economic policy and health outcomes (Barnidge 2013). Other barriers to participation in worksite wellness programs include insufficient incentives (externally motivated), inconvenient locations and time limitations (Person 2010).

Many jobs at the Saline county health department are highly sedentary and some studies have shown that these jobs can have 77% of time spent sitting with approximately half of this time accumulated in prolonged bouts of 20 minutes or more (Thorp 2012). Studies have shown the workplace to be more sedentary and have less light-intensity activity, than leisure time which is why we should focus our efforts at increasing physical activity during work hours and limiting long bouts of sitting (Thorp 2012).

Some of the most effective ways to increase participation in worksite wellness programs is to provide participants with incentives (Osilla 2012). These incentives can range from insurance discounts, financial rewards, prizes and even time off of work. The review by Osilla et al, reviewed 33 studies and of those studies 70% of them provided some type of incentive in an attempt to increase participation. Another study used a point system in order to determine the type of prize available to each participant (Perez 2011).

Also, studies analyzed the financial cost of worksite wellness programs as compared to savings which revealed savings of between \$1.65 and \$6.00 saved for every dollar invested in these programs (Osilla 2012). Worksite wellness programs have shown to be good investments and return more than they cost in most cases (Naydeck 2008). These savings can be applied to other areas of need for the organization which can be especially helpful to low funded rural health departments.

Aside from the potential monetary savings and increases in physical activity, worksite wellness programs can also lead to improvements in employee productivity (Mills 2007). Increased productivity is associated with less time off work which can help organizations such as rural health departments function more smoothly since they may have a small number of employees.

Some of the ways to create a culture of wellness in the workplace is by providing group based activities which can increase social support and help motivate the participants involved (Stokes 2006). Another method that should be used to increase participation should be to have planners design programs that provide benefits

employees perceive as advantageous and ensure coworker and supervisor support (Middlestadt 2011).

Discussion

The literature reviewed demonstrates the success that worksite wellness programs have had in the past and all of the benefits associated with them (Goetzel 2008). The studies also outline some of the major challenges and barriers that communities face when attempting to create and implement worksite wellness programs (Barnidge 2013). Recommendations for developing rural worksite wellness programs are limited but some include:

- Provide individualized behavior change strategies (Self-care information, health risk assessments and behavior counseling). A point system could be used to track healthy behaviors and encourage participation which leads to rewards (extrinsic motivation).
- Provide social support strategies (wellness challenges, classes, support groups). I would also recommend adding a team component to this such as team wellness challenges which could also increase group cohesion. Furthermore, have planners design programs that provide benefits employees perceive as advantageous and ensure coworker and supervisor support (Middlestadt 2011).
- Provide environmental supports (workplace fitness centers, on-site health services such as showers, smoke-free worksites, healthy meal and snack options) (Stokes 2006).

- Foster senior-level management buy-in (financial incentives, department-wide policy changes, communication, long-term commitment)

Saline county health department employees spend much of their day in the workplace, which is mostly sedentary and can lead to prolonged sedentary time of over 20 minutes. The Saline county health department is taking steps in providing their employees an opportunity to be more physically active. Although positions vary at the health department, many of the jobs at this organization are considered sedentary. The potential health risk burden could be lessened by providing a worksite wellness program that meets their specific needs and encourages participation. Future workplace regulations and health promotion initiatives for sedentary occupations to reduce prolonged sitting time should be considered (Thorp 2012).

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Chapter 2 - Work-site Wellness Program for Saline County Health Department

The primary focus of my field experience was to develop a work-site wellness program for the Saline County Health Department under the supervision of Jason Tiller that could be used as a model for other rural central Kansas Counties which include Saline, Rice, Barton, McPherson, Pawnee, and Stafford. The Research documenting effective health department based work-site wellness programs has been largely done in urban areas with higher-income populations (Davis, et al., 2009). Little is known about specific needs of rural areas. Public health practitioners working in rural areas must adapt evidence to fit characteristics of rural areas to meet local challenges. A low population density often coincides poor public transportation systems, and a built-environment that is not conducive to physical activity (Barnidge, et al., 2013). The current walk score for the Saline County Health Department is 57 which classifies as somewhat walkable. With the inequality of rural-urban disparities on the rise, health departments should prepare by implementing work-site wellness programs as a method of disease prevention that includes adequate amounts of physical activity and proper nutrition. Rural area residents have an increased prevalence of obesity, physical inactivity, poor diet, and are less likely to be insured and receive preventative care services (Barnidge, et al., 2013; Singh & Siahpush, 2014).

The State of Kansas is predominantly rural, with 89 of the 105 counties having fewer than 40 persons per square mile; only 6 of the 105 counties are considered urban with 150 or more persons per square mile (U.S. Census Bureau 2015). The prevalence of obese or overweight Kansas adults reached 64.4 percent in 2011(29.6 percent obese

and 34.8 percent overweight), and coincided with an increase in chronic disease prevalence in those who were obese. The average BMI of the employees at the Saline County Health Department is 30.15 which classifies as obese and is above the county, state, and national average. Figure A.1 demonstrates population densities across Kansas per square mile.

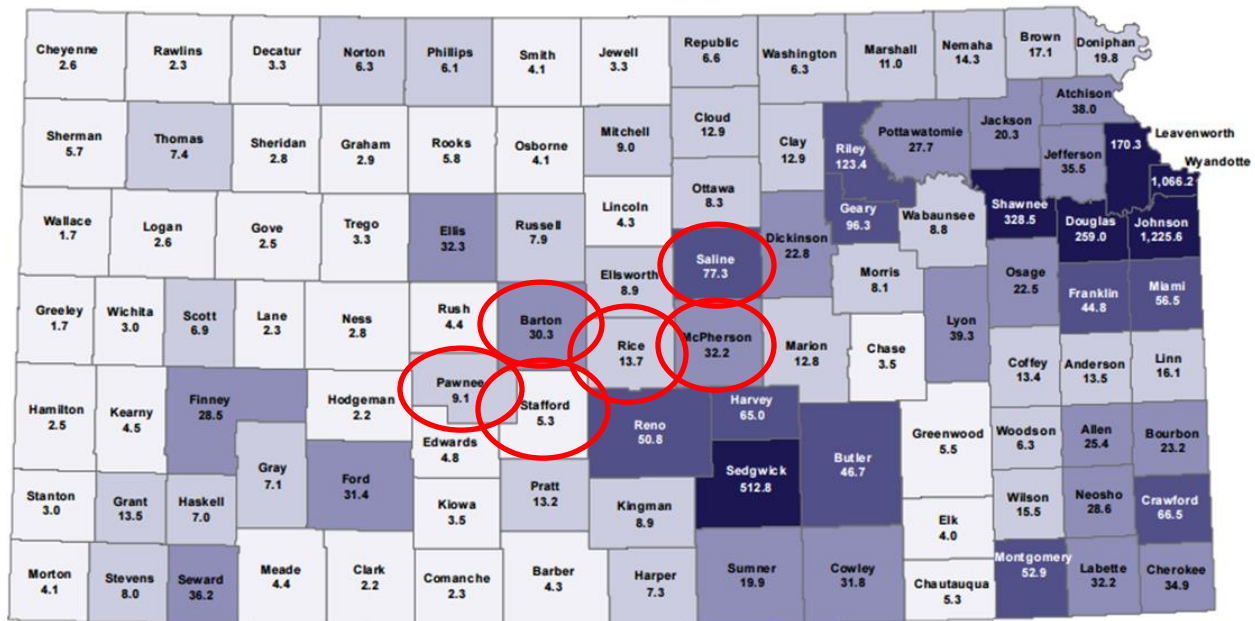


Figure A.1 Kansas Population Density (U.S. Census Bureau)

Physical inactivity increased throughout Saline County from 24% to 26% from the year 2011 to 2012. Figure A.2 demonstrates the change.

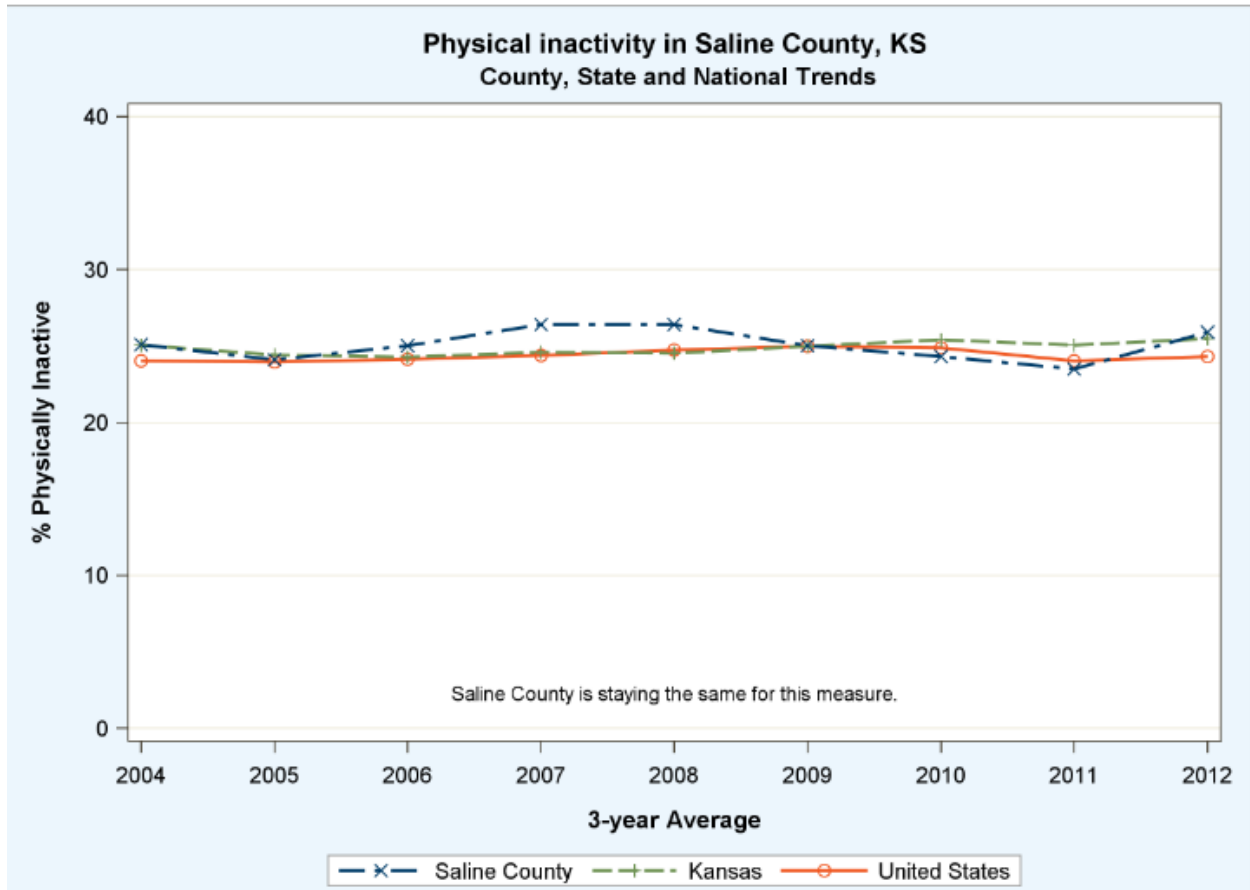


Figure A.2 Physical Inactivity (County Health Rankings 2016)

A survey was created in order to develop a better understanding of the specific needs and barriers that Saline County possesses. The survey was also used to measure the interest and determine whether a work-site wellness program would be implemented within the Saline County Health Department. The survey was sent to all employees who then had 3 days to complete. Results from the surveys have been analyzed and demonstrated through figures A-D.

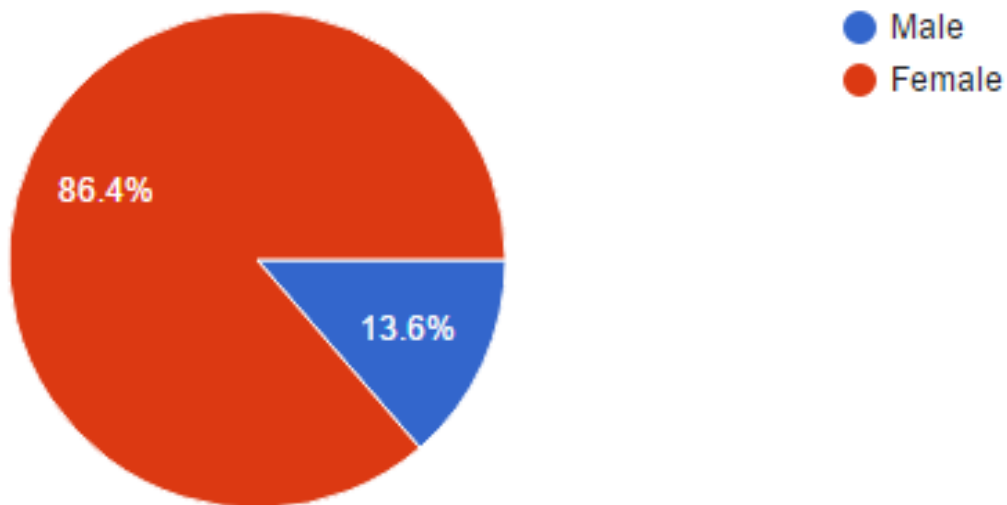


Figure A.3 Sex distribution

Figure A.3 demonstrates the higher percentage of female employees compared male employees. This difference could lead some of the program development to focus on activities that are more appealing to women.

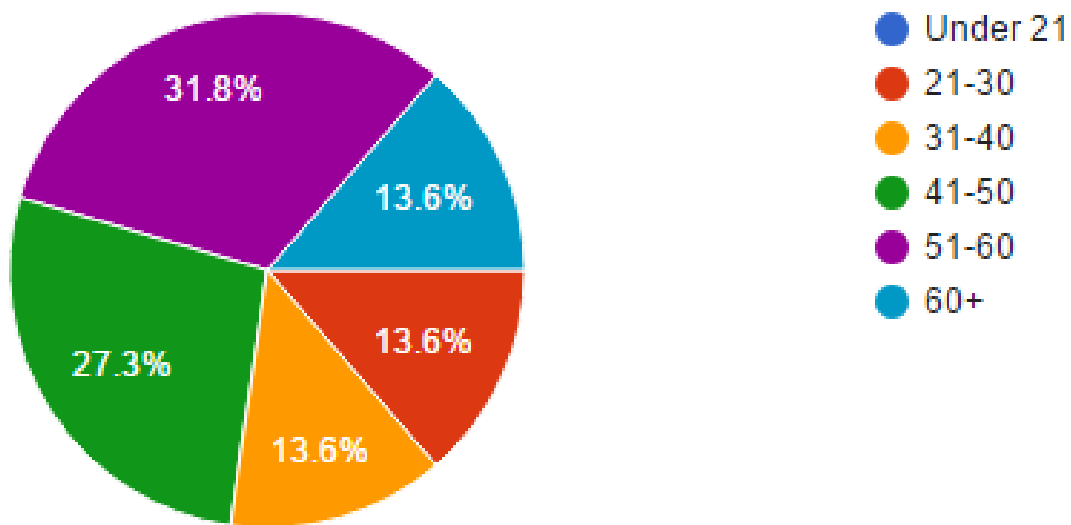


Figure A.4 Age distribution

Figure A.4 demonstrates the variation between ages in employees at the health department. The majority (72.7%) of employees fall within the 40-60 age range which should help guide program focus to include activities that are attractive to this population.

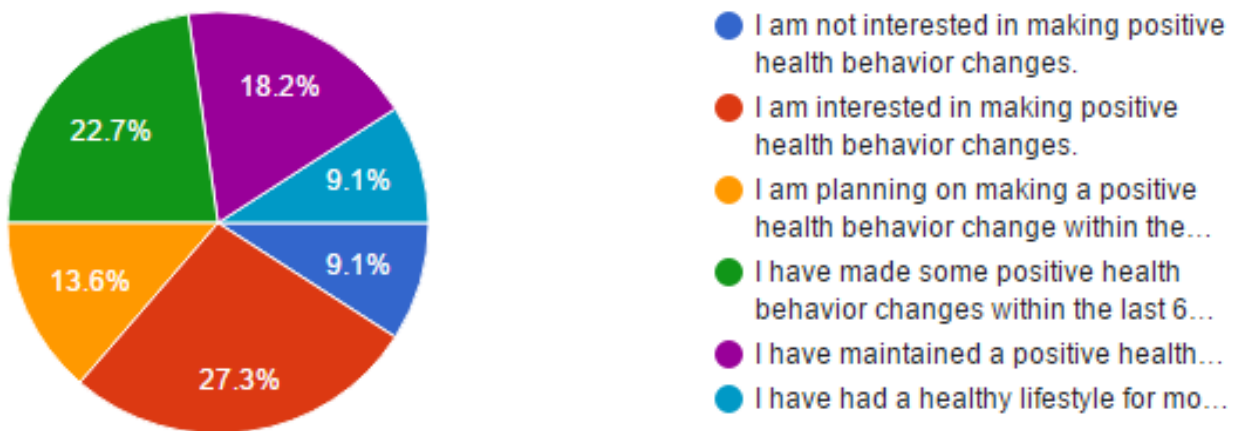


Figure B.1 Stage of Change (Trans-theoretical Model)

Figure B.1 demonstrates the interest in a worksite wellness program by health department employees. The Majority (63.6%) of the employees were interested in making this program a reality for their health department.

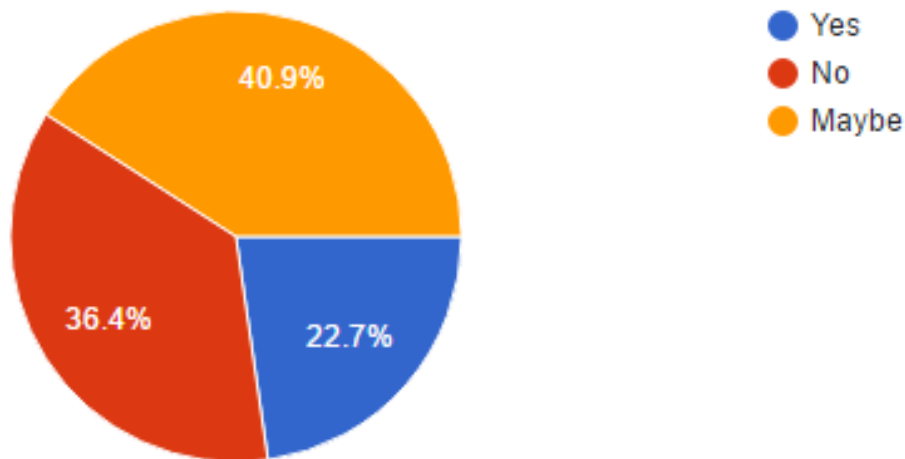


Figure B.2 Wellness Committee

Figure B.2 demonstrates the interest by health department employees in participating on a worksite wellness committee. The wellness committee would be in charge of making decisions that may increase healthy behavior and participation in the program. The majority (63.6%) said that they were or may be interested in being part of this group.

Which of the following areas would you want the wellness program focus on?

Physical activity (22 responses)

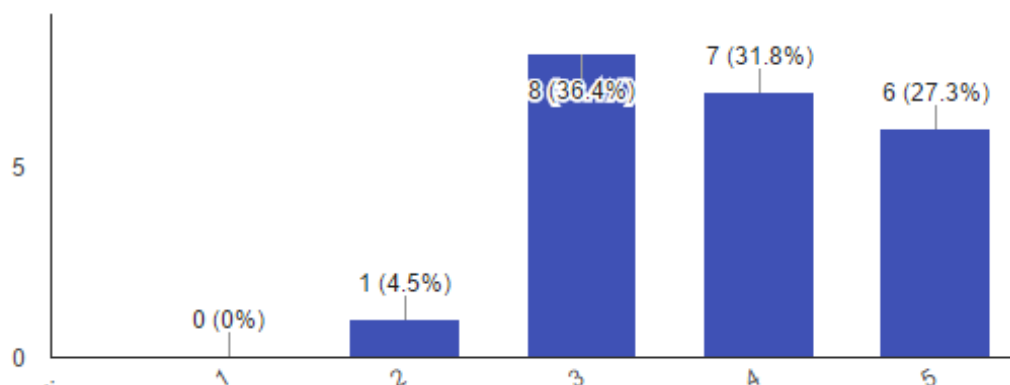


Figure B.3 Physical Activity

Figure B.3 demonstrates the responses to the topic interest section of the survey. This particular question was about physical activity. The available responses were a score of 1 through 5 with 1 being defined as not interested to 5 defined as very interested.

Table A.1. Mean preference scores for worksite wellness program topic on a 1-5 scale.

| Topic | Mean | Std Dev | N | Minimum | Maximum |
|-------------------|------|---------|----|---------|---------|
| Physical Activity | 3.81 | .90 | 22 | 1 | 5 |
| Nutrition | 3.77 | 1.06 | 22 | 1 | 5 |
| Stress | 4.13 | .77 | 22 | 1 | 5 |
| Walking | 3.18 | 1.36 | 22 | 1 | 5 |
| Ergonomics | 3.86 | .88 | 22 | 1 | 5 |

Table A.1 Program Focus

Table A.1 demonstrates the focus preferences of the health department employees. The most popular choice among all options was workspace ergonomics with an average score of 4.13 on a 5-point scale followed by ergonomics and physical activity.

Table A.2. Mean format preference scores for worksite wellness program on a 1-5 scale.

| Format | Mean | Std Dev | N | Minimum | Maximum |
|-----------------|------|---------|----|---------|---------|
| Multi-week | 4.13 | .77 | 22 | 1 | 5 |
| Single session | 3.54 | 1.14 | 22 | 1 | 5 |
| Screening | 3.31 | 1.12 | 22 | 1 | 5 |
| Self-directed | 3.68 | .99 | 22 | 1 | 5 |
| Group | 3.68 | 1.24 | 22 | 1 | 5 |
| Individual comp | 3.50 | 1.22 | 22 | 1 | 5 |
| Team comp | 2.72 | 1.27 | 22 | 1 | 5 |

Table A.2 Program Format

Table A.2 demonstrates the format preference of the health department employees. The most popular choice among all options was multi week sessions. Employees wanted the topics to be taught and practiced throughout several weeks. They also wanted parts of the program to be self-directed and in a group setting.

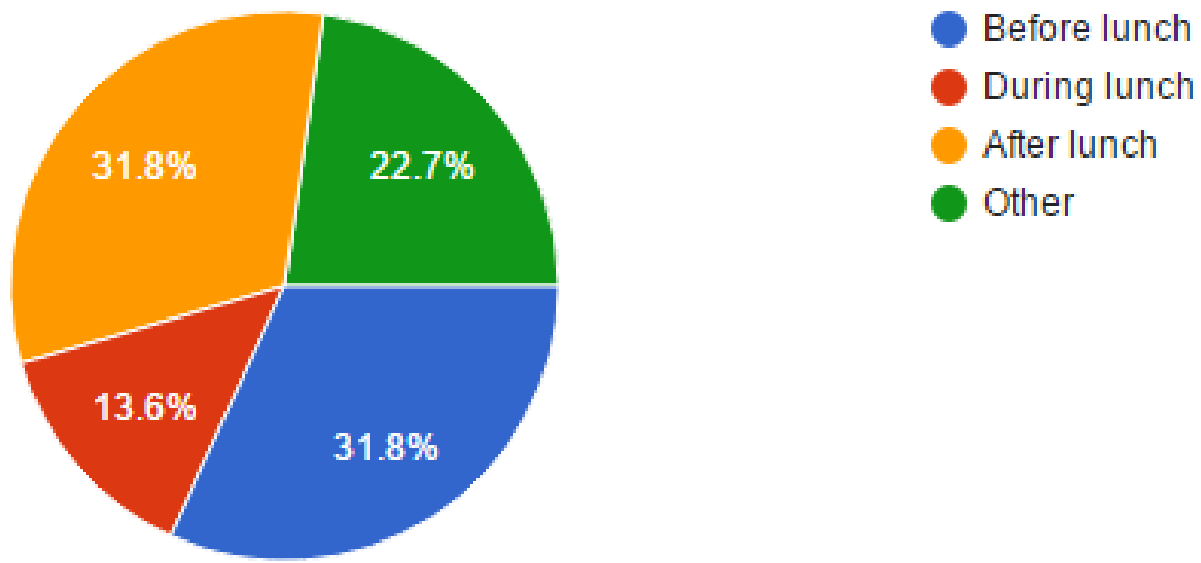


Figure C.3 Time Preferred

Figure C.3 demonstrates the preferred time for participation in a worksite wellness program by SCHD employees. The most popular choices were before and after lunch with 63.6% of the staff making that decision.

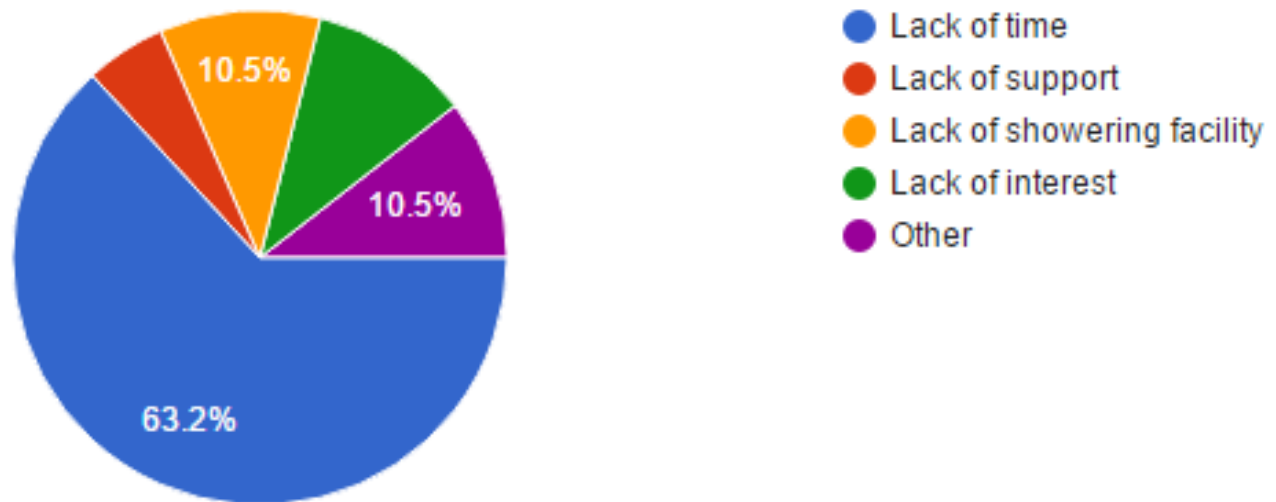


Figure D.1 Barriers

Figure D.1 demonstrates the most common barrier identified by the employees that could prevent them from participating in a worksite wellness program. The most common barrier identified was lack of time with 63.2% of employees citing that as an obstacle.

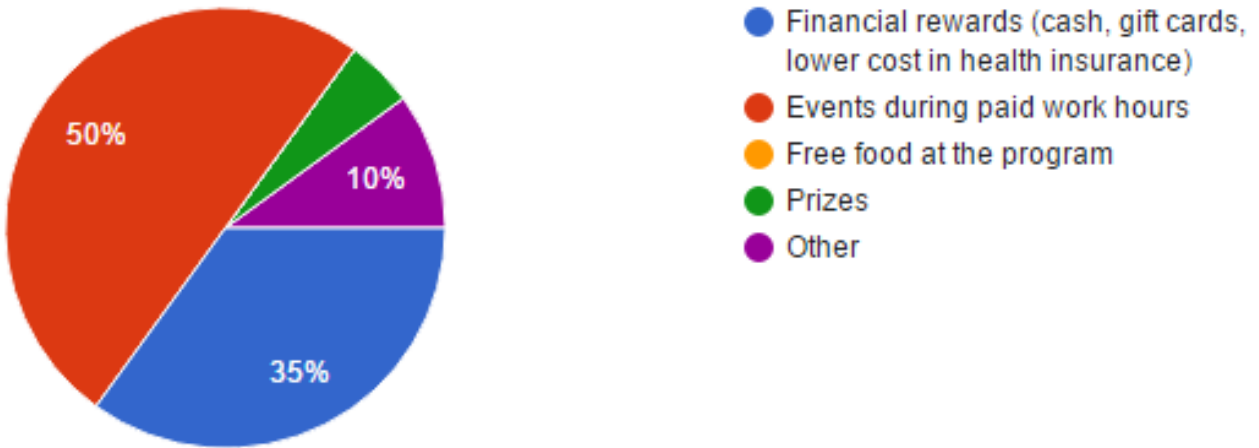


Figure D.2 Incentives

Figure D.2 demonstrates which of the listed incentives would be most appealing to SCHD employees. The most favored incentive was hosting the worksite wellness events during paid work hours. This response helps to counter the most common barrier cited by the employees which was lack of time by participating while on the job.

Recommendations by SCHD employees:

- Having time when you can take a 20 minute break to go walk
- More time to get up and walk around during the day
- I am a HUGE fan of snacks (for better or worse haha)! Sometimes when I am trying to eat healthier the overabundance of junk food provided in the break room with no other options (veggie tray, granola bar, anything but donuts) is disheartening.
- Better snacking choices. Daily walks during break times.
- Have fresh fruit and vegetables available.

Figure D.3 Recommendations

Figure D.3 demonstrates some of the barriers identified by the SCHD employees. Three of the employees stated that they wanted more time to get up and walk throughout the day without being penalized. Also, some employees stated that they would like to see healthy snacks during breaks and meetings.

Results

The majority of the Saline County Health Department was female 86.4% vs 13.6%. Also, 72% of the staff was over the age of 41 and almost one third are 51-60. The average BMI for the employees was 30.15, which is considered obese and above county, state, and national averages. 63.6% of the staff are interested or planning, making or have made positive health behavior changes. Stress management, workspace ergonomics and physical activity were the three topics of highest interest to the health department staff. The employees wanted to format of the worksite wellness program to be multi week with some self-directed parts in a group setting. The most common barrier to participation in a worksite wellness program cited was lack of time, with 63.2% of employees in citing that. The most desired incentive for participation in the program was events during paid work hours which synchronizes well with the lack of time barrier that was previously cited. The most common recommendations provided from the employees was to be allotted more time during breaks in order to go on a walk and not feel rushed. Also, snacks and healthy options in the break room was a desired amenity by numerous staff.

Discussion

Participation in the work-site wellness program survey was 22/39 completing the survey. Results showed that SCHED employees were willing and able to participate in a work-site wellness program that accommodates to their needs. Allowing time (30 minutes) for these individuals to exercise during work hours could lead to great increases in physical activity. Seeking partnerships throughout the community could also lead to increases in access of physical activity enabling environments such as gyms or walking trails. Participating in group events such as the walk Kansas could

increase group cohesion and social support amongst employees. With leadership from the management team a work-site wellness program could be beneficial for everyone involved.

Recommendations

A work-site wellness program should be implemented at SCHED based on the desires and recommendations of the health department employees. The program should focus on physical activity as a stress reliever as well as a way to increase ergonomic productivity. The employees should be given 30 minutes of paid work time each day in order to participate in wellness events or go on walks. The health department should provide healthy snack options in the breakroom and as one employee stated “The overabundance of junk food provided in the break room with no other options is disheartening”. SCHED should invest in providing healthy snack options free of cost to their employees and consider reducing the some of the less healthy options.

Strengths and Limitations

This project allowed us to identify some of the common barriers when making healthy decisions such as being physically active or eating a nutritious diet in rural Kansas communities. Some of the strengths were that the surveys were completed by the employees who the work-site wellness program would be developed for. Also, results were consistent and common themes were developed.

Some of the limitations could be that the sample size of 22 is not exceedingly large so higher participation rates would have been better. Also, due to time limitations

the wellness program is not able to be implemented and modified. Thirdly the survey was electronic which could have led to technical difficulties and lower response rates.

The need for work-site wellness programs in rural community health departments is evident from the high rates of obesity and low rates of physical activity. Efforts should be made to meet the specific needs of the rural communities and their public health employees.

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Davis, L., Loyo, K., Glowka, A., Schwertfeger, R., Danielson, L., Brea, C., ... & Griffin-Blake, S. (2009). A comprehensive worksite wellness program in Austin, Texas: partnership between Steps to a Healthier Austin and Capital Metropolitan Transportation Authority. *Prev Chronic Dis, 6*(2), A60.

Singh, G. K., & Siahpush, M. (2014). Widening rural–urban disparities in life expectancy, US, 1969–2009. *American journal of preventive medicine, 46*(2), e19-e29.

Chapter 3 - Overall Experience

The Saline County Health Department (SCHD) is a small county level health department with the mission to assess community health status and available resources, develop policies to support and encourage better health and assure that necessary services are provided through other entities, by regulation or by direct provision of services. This mission statement addresses the three core function of public health: assessment, policy development, and assurance.

My field experience was spent working directly under the Saline County Health Department director, regional coordinator and preceptor Jason Tiller. Two hundred and forty hours were completed on site between June 2016 and July 2016. The main project that I completed for the SCHD was the work-site wellness survey and analysis. This project was identified by the SCHD in an attempt to address a need in Saline and surrounding health departments. The goal is to probe interest to then approach the city commission and acquire funding for future implementation of a wellness program that could be used as a model for the employees at the Saline county health department and surrounding rural counties which include Rice, Saline, Barton, McPherson, Pawnee, and Stafford.

There were learning objectives that were agreed upon prior to beginning contact hours of the field experience. Those objectives were created and approved by my committee members in order to guarantee the best experience and growth at SCHD. These objectives also helped me to have a better grasp of the type of work I would be doing. As we started moving the projects kept evolving and more responsibilities were laid on me which was challenging at times but provided me opportunities to grow. Many

times employees from small health departments must wear many hats in order to keep the health department running even though some of the areas of work may not on our job description but the job must be completed and teamwork is the only way that will occur.

Original learning objectives agreed upon:

- Create a model Work-site wellness program for Saline County.
- Discuss job requirements and responsibilities of a public health official.
- Describe how the environment and overall population health are connected.
- Gain practical experience that can be applied to future careers in public health.

The first objective was to create a model worksite wellness program for Saline County was fulfilled by creating the work-site wellness survey and gathering the data for analysis. The data clearly showed the desired characteristics of the program for the SCHED employees. Programs that focus on stress management, ergonomics and physical activity were preferred. Also, the most common barrier cited was lack of time. This issue could be addressed by providing thirty minutes of physical activity time during paid work hours for those willing to participate. Another issue that was identified was the lack of healthy options in the break room. This issue could be solved through providing managerial support and commitment to healthier options during breaks and meetings.

The second objective was to discuss job requirements and responsibilities of a public health official. This objective was completed by attending several meetings to obtain a real world view of public health practice. Also, Jason Tiller was a great preceptor and took the time to explain many areas of public health and how they work

together to give me a better understanding of the countless tentacles that the field of public health has.

The third objective was to describe how the environment and health are connected. This objective was completed by conducting research on the Saline County Health Department. This included availability of food types in the break room and meetings, walk score around the health department (57), and understanding how sedentary behavior affects health.

The fourth objective was to gain practical experience that can be applied to future careers in public health. This objective was completed by the culmination of all the work that I did during my time at SCHED. I learned about the clinical side of public health, such as EpiTrax which deals with disease control and reporting. I was also exposed to the real world application of public health policy through many meetings both in and outside of Salina. Many of the topics discussed were grant writing and budget report writing, which is essential to my future career. These meetings demonstrated real life problems and how we can deal with them.

Having the opportunity to be involved with public health at the county level is extremely beneficial for a Master of Public Health (MPH) student. The skills necessary for public health practice cannot be obtained solely through classroom experiences and having first-hand field experiences are a vital part of the connection between graduate courses and real-world application. Completing a project where I worked at the county level and had interactions with public health practitioners at the local level was one of the best learning experiences I have had. It was through these conversations and insights from local-level community public health practitioners that I was able to make

the link between what I have learned at K-State and the real-world challenges that are faced in the public health field. State and County public health work toward a common goal, that of optimal health for citizens of their state or community, and face many challenges in different ways. Despite completing my field experience hours at the county level, I feel as though I learned a large amount about public health at the state level. Completing field experience hours is very much a service learning experience. In the ideal situation, both the organization and the student benefit from the collaboration and the relationship that is built during the onsite hours. It is through real-world application that students are able to make important connections between lessons and how they are applied that will prepare them for joining the public health workforce upon completion of their degree.

Activities Performed

The activities performed at the Saline County Health Department were not all expected but they were appreciated and led to an eye opening experience. During my time at the health department there was an emergency meeting held by the Kansas Department of Health and Environment (KDHE) concerning high rates of children with elevated blood lead levels. This issue led to open clinics for free blood lead screenings to any concerned parent and children who had at least one risk factor for lead exposure. Screening took place over the course of two days and I was able to help all of the incoming adults and children complete the screening and guiding them through the process. Over 400 individuals were screened and tested over this period of time.

Another experience that I really enjoyed was working together with the clinic by completing medical case reporting and gathering data on the EpiTrax system. Through

this system I was able to work with and interview many individuals who are or had been suffering from different diseases such as tularemia, hepatitis B, campylobacter and even an active tuberculosis case. This experience also provided 1 on 1 contact with patients which was helpful.

Some of the community events that I attended were the becoming a mom lectures which provides first time mothers an inside look of what the pregnancy and post-partum process will look like to help familiarize and prepare them for that day. These lectures also dealt with some of the issues such as post-partum depression risks, signs and symptoms.

I also participated in a food preservation class that taught me how to hot water bath, pressure preserve, the difference between them and keeping my fresh fruits, vegetables and even meats good longer. I was able to personally pressure preserve tomatoes to enjoy later which was a great hands on experience.

One of my favorite parts of the experience were the meetings. Having a behind the scenes look into public health really provided a lot of insight and knowledge for me to apply to my future career. I was able to attend several meetings both in and outside of Salina. Some of those meetings were the Live Well Saline County Coalition, Salina Area Coalition for trafficked persons, Health Care Coalition, Kansas Health Foundation and Central Kansas Region Health Emergency Preparedness.

Another experience I was able to be a part of was attempting to create new mission and vision statements for the Saline County Health Department. The statements are still being developed, but attending the strategic planning meetings was very insightful and helped give me a better understanding of public health practice.

Lastly but not least was the research and development of a work-site wellness program in a rural community to be used as a model for surrounding counties. This project was very enjoyable because I was able to get the staff involved in what they would like their program to look like. With the program being developed for them it is very important that their input and preferences be demonstrated through it in order to increase participation.

MPH Core Competencies

The following core competencies were obtained.

Biostatistics – This core competency was met by analyzing numeral results from work-site wellness surveys. Statistical analysis software (SAS) was also used to identify employee preferences. Data collection methods were researched and discussed with my preceptor. I was then able to design a survey based on other models and what my preceptor agreed with. Upon completion of data collection excel was used to organize data before being used in SAS.

Environmental Health Sciences – Dealing with all of the lead cases and answering any questions that the general public had. Many of the homes around Salina are pre-1970 which increases the risk of contact with lead based paint as well as older plumbing with lead solder.

Epidemiology – This core competency was achieved by working with the EpiTrax system in disease control and investigation. This system is home to a large number of communicable diseases and requires investigation for each of them. Diseases worked with include tularemia, campylobacter, hepatitis C, elevated blood lead, varicella and many more.

Health Care Administration – This core competency was achieved through many grant writing, budget reporting and county meetings for multiple health departments. Also, being able to interview the maternal and child health coordinator provided a lot of insight into program management.

Social and Behavioral Sciences – This core competency was achieved by working with the entire health department staff in the development of the work-site wellness program. Staff identified some of the social issues that they face when trying to be active whether from personal relationships such as spouses or lack of managerial support for physical activity.

Concluding Statements

Public health includes such a wide spectrum of areas and specialties that practice is required to obtain sufficient competency. Public health professionals should focus on both urban and rural challenges and how to deal with geographical differences in community needs. Applying evidence-based practice will lead to the best results. Evidence-based public health uses the most up to date information and best available evidence, which saves time and errors in implementation and increases the probability of obtaining significant changes in population health outcomes. All of the MPH core competencies will be applied in my future career. I will continue to learn and be a student at heart. Just as the field of public health continually evolves, I also should continue to develop if I want to be successful in the efforts and work I produce.