

A FIELD EXPERIENCE REPORT:

Public Health Department on Fort Riley Army Installation

By:

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Introduction

Fort Riley is an Army installation in North Eastern Kansas between Junction City and Manhattan. There is an advantage to having an Army post near these cities since the Army emphasizes working with the surrounding communities and improving the environment as well as the mission of national defense (Fort Riley, KS, 2015). Although the post community is independent and geographically separate from the surrounding cities, there is often an expectation for these communities to cooperate with each other due to their proximity. The nature of military life necessitates a high-turnover in personnel at military installations like Fort Riley to support missions world-wide. This influx of personnel from diverse locations exposes the local community to health issues that they may not experience otherwise. In response, the public health department plays a key role in research and education as well as prevention and treatment in these fluid communities.

The target population for the Public Health Department (PHD) on Fort Riley includes everyone who works and lives on post including active duty, retirees, families, and the civilian workforce. The following information is from the US Census Bureau for Fort Riley, KS (Population Demographics for Fort Riley, Kansas, 2016). The total population on Fort Riley is 6,638 (72% White, 15% Black, 12% Hispanic, and 65% male). A large portion, 63%, of the total population lives on Fort Riley and the average household size in Fort Riley is 2. The average age is 21.6 years with 49% of the population being 18 years and older. Education attainment for the 18-24 age range is centered around some college or an associate's degree (65%) while 49.4% of those who are 25 years and older have some college, no degree. The median household income is \$29,588.

The mission of the Fort Riley PHD is “to promote health and wellness, and to prevent disease and injury of soldiers and their families, military retirees, and Army Civilian employees at Fort Riley through workplace and community health” (Big Red One, 2015). The PHD serves the community by offering various services. For example, while the Veterinary Services section specializes in the health of the animals they also educate owners on the potential impact/crossover of diseases from animals to humans. The Environmental Health section studies all vectors that can transmit disease in order to reduce prevalence of disease. The focus of Occupation Health is the well-being of the workforce (both active duty and contractors) which allows for more productivity due to a healthier workforce. All in all, each section collectively strives to work together to facilitate and maintain all aspects of health on post. With the standard of care being of top priority, the PHD strives to be the first U.S. Army post to receive accreditation from the Department of Defense. This would ensure that the services meet standards and the PHD can better serve the community.

This field experience was completed in partnership with Kansas State University (KSU) and the Fort Riley Department of Public Health. After years of partnership, the practicum process has been streamlined and a schedule laid out for each student. This allows for so that the requirements for each segment of the field experience are met in a timely manner. Students gain experience within each sector of the Public Health Department throughout all components from contact hours that allow for shadowing and hands on experience for completing on-post projects with the departments. The program gives KSU students an inclusive experience that would be hard to find in other Public Health Departments. Students gain experience in a community that has unique needs compared to off-post communities.

Part One

Program plan

A good starting point for a program plan is to set goals and objectives to meet, both personal and professional. In relation to this field experience, both personal and professional goals and objectives were determined before the start date. These served as mile markers and motivators throughout the course of the field experience.

As previously stated, the objectives for the practicum were standardized for all students completing their field experience with the Public Health Department at Fort Riley. These were presented in the form of objective sheets and distributed to the students before they worked with each of the sections. These sections being: Army Public Health Nursing, Army Hearing Program, Environmental Health, Industrial Hygiene, Occupational Health, and the Army Wellness Center. Within each of these sections, students report to designated mentors who are familiar with the objective sheets. The mentors cover the material and provides necessary guidance and experiences that fulfill each of the objectives for their department. The requirements for the interactive portion of the field experience are considered completed once all objective sheets have been signed off by the mentors, contact hours have been met, and any on-post projects have been completed.

Even though each student who completes the field experience goes through the same rotations, there are some differences in their experiences when mentors expose them to their interest areas. These are typically one or two sections/ departments that students had more personal interest in prior to the field experience. With a personalized experience, students were more likely to meet the goals they set for themselves. Goals can be small such as taking the experience beyond the clinics and labs with tours and events. Goals can also be large, such as

striving to make changes with on-post projects or creating professional contacts with mentors to find future employment within the Public Health Department. While these goals are not required for completion of the field experience, personal goals elevate the experience.

My personal goals are as follows: learn professional etiquette in varied settings, acquire new research techniques inside and outside of the laboratory setting, understand the unique lifestyle and needs of the military community, learn and practice various language skills with diverse post population, and have real-world application for material introduced in MPH core classes. Based on these goals, my objectives were to meet the required number of hours for the field experience, complete all eight rotations, make professional connections with mentors and other employees in each rotation, master the materials they present to me, and meet as many goals on my personal list as possible in the few months of granted access to post.

The field experience program through Fort Riley is intended to give students hands-on experience for what each of the departments, within the post's public health department, do daily. This allows for a better understanding of the application of topics and skills practiced in the public health classroom in addition to exposure to additional areas that students may not have been aware of prior to the field experience. Preparedness for future employment as a public health professional is the goal.

Description of the Practicum Setting

The Fort Riley Public Health Department is made up of six departments. Most of the departments were in one main building made up of offices, labs and various clinical rooms. This allowed for easy access to services for the public in addition to convenient interactions between various departments. The General's Office, Veterinary Services, and the Army Wellness Center

were in their own buildings on post. When going through the rotations, it was clear that the departments were all playing their role in maintaining a healthy community.

The Public Health Department is currently going through the accreditation process. With accreditation, their hope is to provide the best services to their population. Public Health Accreditation Board (PHAB) requirements are being addressed since those are the foundation of the accreditation process (Accreditation Process, 2013). During the rotation with the administration staff of the public health department, meetings and study sessions were spent going over the PHAB guidelines and expectations. Also, with each of the rotations, it was evident that the employees were expected to meet certain requirements based on those PHAB guidelines. While most said that it made their days longer due to more steps taken in daily tasks and more documentation, they all were fully aware of the benefits that would come to the entire department if accreditation was achieved. There is a comradery in the public health department that will allow them to be successful due to the attention to detail at the individual and department levels.

Furthering public outreach, Fort Riley has their own website (<http://www.riley.army.mil/>) that includes social media updates, information on services provided for active duty, retirees, and families, periodic publications, and topics on health surveillance and evaluation (Big Red One, 2015). With public access to this website, the post community, commuting staff members, and past and future residents and employees can stay up to date on the main events on post. Health related services can be found on the main page of the website in the Community Resource Guide column or on the webpage for the public health department. The community resource guide has links to the suicide prevention life line, veterans' crisis line, SHARP Program, Ready & Resilient, and Interaction Customer Evaluation (ICE). This allows for quick access to programs

that assist those in need. Services listed on the health department's webpage include contact numbers for each of the departments, reporting health issues, class information on topics ranging from STDs to Food Safety Courses, and there are also some external links to provide further information on current diseases, outbreaks, and seasonal issues.

Publications are released every few months via the post website and cover topics such as heat exhaustion, injury awareness, post-traumatic stress disorder and other deployment topics. Educating the public via online publications provides quick and easy access to information that can help many people. Often people seek information and resources online before contacting an office for guidance or assistance. Publications also continually educate post community members on important topics that can influence daily health and their ability to complete their jobs. One example that was brought up during rotations with the Health Promotion Officer was the topic of suicide. Each post commander has a topic that they focus on while in office and there was a huge push for education through chain of command, publications, and educational classes for active duty and families, as well as the crisis hotline. Efforts to spread the word about services, tips, and education not only increased awareness but also provided preventive strategies and faster treatments, even when there may not be a significant reduction in the prevalence of the issue.

Through the public health department, health surveillance information was collected on the following: disease epidemiology, behavioral health epidemiology, injury prevention, professional medical education, public health assessment and program evaluation (ergonomics program and public health assessment). Public health assessment entails needs assessments and program evaluations. Needs assessments are conducted as several points to allow for changes over time but first and foremost they document what is currently being provided on post so that changes in regulations and policies can allow for needs to be met. Program evaluations are

similar in that they look at current programs, note what is beneficial, what is effective, and what needs to be changed to meet the goals set out for the programs and the needs of the population that uses the program.

Previous research conducted within the Fort Riley public health department has been varied and diverse. Various health-related topics that have been previously studied on Fort Riley by KSU students are as follows: Tobacco Use, Characterization of Injuries, Vaccinations, Active Transportation, Assessments of Physical Activity Amenities, STDs, Dog Breeds and Rabies, Lead exposure, and Hearing Loss and Tinnitus. There was overlap in projects and rotations since all of these topics were addressed in some degree during rotations within the public health department. Two former KSU MPH students, Joseph Lightner and Joshua O’Neal, completed projects on physical activity-related topics: Active Transportation and Asset-based community assessment of physical activity, respectively. These provided an overview of how individuals can be active and various modes of transportation and physical activity on post. Physical activity is an influential determinant of health, typically there is an inverse relationship in that those that are more active tend to have fewer injuries and ailments and are less likely to abuse substances and participate in risky behaviors (Lightner, 2013). The purpose of these research projects, accreditation, and public information outlets is to better serve all individuals on post.

Public Health Relevance

“Public health promotes and protects the health of people and the communities where they live, learn, work and play” (APHA, 2016). The field experience work completed fits into various parts of public health practice and discipline due to the expanse of the experiences in the research and promotional aspects public health department is responsible for on post. As a student that shadowed the professionals, I received vicarious experience in customer support,

examinations, development and execution of programs, and more that allowed me to gain insight on the daily work within the department.

To see how the MPH curriculum compliments public health work and the field experience, the learning outcomes and core competencies should be known. From the MPH Student Guidebook, the learning outcomes and core competencies for all MPH students as well as additional competencies for the Public Health Physical Activity emphasis are as follows (Graduate Student Handbook, 2015):

1.6.2 MPH student learning outcomes and core competencies expected of each MPH student

- Knowledge and Skills: Demonstrate these core competencies in each of the five core areas of public health and in at least one area of emphasis.
- Integration: Demonstrate the ability to integrate knowledge and skills to solve problems and to produce scholarly work in a culminating experience in the form of a thesis, report, and/or community-based field project.

1.6.2.6.4 Public Health Physical Activity area competencies

- Population health. Develop evidence-based knowledge of the relationship between physical activity and population health.
- Social, behavioral and cultural influences. Understand how social, behavioral and cultural factors contribute to participation in physical activity.
- Theory application. Understand how social and behavioral theory and frameworks are used in programs designed to promote physical activity in community settings.
- Creating and evaluating interventions. Develop skills for creating and evaluating physical activity interventions in diverse community settings.
- Effective communication. Develop the ability to collaboratively communicate with public health officials and other community partners to promote physical activity in community settings.
- Understand exercise physiology and science. Understand exercise physiology and related exercise science.

The core competencies expected of all MPH students were broad but were directly relevant to this field experience since they entailed the application of topics from core classes in

a real-world setting. The ability to learn concepts first-hand that would be reinforced in my public health core classes helped facilitate my learning in biostatistics, health care administration, and epidemiology. Knowledge of the class materials was expected. Each mentor expected students to have general knowledge of all topics within the public health department and quickly learn information for areas that were unfamiliar. This was easier in the areas related to public health physical activity, since that was the focus of my educational background to date. My previous research and class experiences were extremely helpful when working with the occupational health employees, the health promotion officer, and technicians at the Army Wellness Center. During the field experience, the most relevant of all the competencies was effective communication since research, education, prevention activities, and treatment services all need to communicate to be incorporated and collaborative. To provide the best care, services, and improve the health of the public, effective communication is essential at the professional and community level.

In addition to effective communication it is important to know what current theories, frameworks, and models are accepted to guide communication in the work place. Incorporating theories and frameworks into one's communication allows for application of evidence-based ideas in a real-world environment such as meeting with employees or appointments with community members. By doing so, public health research can be put into practice to improve community care. Public Health Functions and Essentials Services will be the first to be discussed followed by the Socio-Ecological Model.



Figure 1: Public Health Functions and Essential Services

The three main public health functions are: Assessment, Policy Development, and Assurance (The Public Health System and the 10 Essential Public Health Services, 2014). Assessment can refer to assessment of services in all aspects of the community from worksites to food service to recreational areas. As seen in Figure 1, “monitoring health” and “diagnostics and investigation” all fall within the assessment

public health function. An example of assessment was during the rotations with occupational and environmental health when we monitored health related components within various work settings. With tools that focused on mold growth, noise levels, air pollution, and temperature, we were able to assess current situations and make notes of needed changes to ensure that employees were not exposed to excessive harm during their work day.

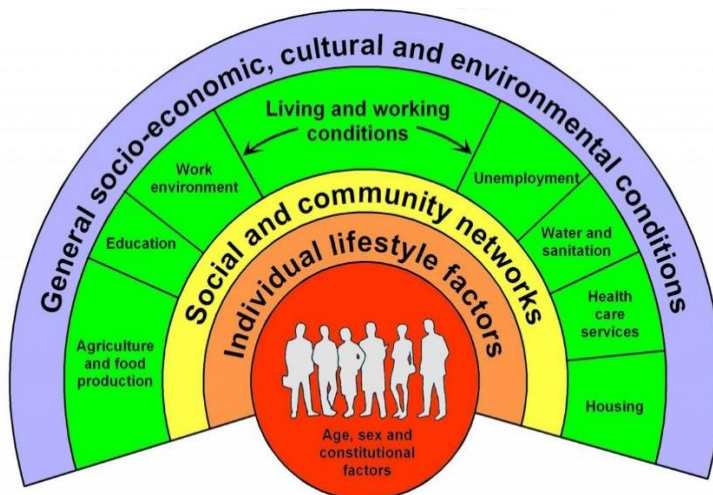
Policy development refers to the ability of changes to be made on post based on rules and regulations created by public health officials and high-ranking officials. Figure 1 shows that “inform, education, and empower”, “mobilize community partnerships”, and “develop policies” all fall within policy development. There are several steps that need to take place before policy changes can be made on post and within the community. Assurance essentially is the follow-up to the assessment and policy development and allows for a full-circle effect. As depicted in Figure 1, “enforcing laws”, “providing the link to care”, “assuring a competent workforce”, and “evaluation” all fall within the assurance public health function. A compound example of how providing care assures a competent workforce was when the Army Public Health Nursing staff

member(s) allowed me to observe annual health examinations of general health, hearing, vision, and vaccinations for on-post employees in addition to the active soldiers. This may seem like an annoyance to soldiers but getting annual checkups and staying up to date on vaccinations not only provides opportunity to provide care, services, and education but it also shows that there are benefits of being taken care of due to employment. This promotes the use of services and maintenance of health which keep the community healthy.

Research is incorporated within all three of the public health functions, even though in the model it is listed under the assurance sector. There is potential for data to be collected in all three areas of the model so that research findings can provide accurate education, improve current services and care practices, and up to date practices can be provided public health services reliable and build trust with the community. Similar to the accreditation process, it is common practice to provide the 10 essential services in some form or another within a public health department and the one on post is no different.

Social Ecological Model

A public health department is expected to operate smoothly with the community it serves by



Source: Dahlgren and Whitehead, 1991

Figure 2: Social Ecological Model

educating, researching, and providing resources and services to the public. Public health departments are responsible for the prevention, diagnosis, and treatment of diseases related to various vectors and sources within the surrounding community in

addition to providing the education and supplies for healthy living beyond their on-site care. This seems like a lot to take on but through the use of the social ecological model, services can be targeted to meet the specific needs of the community.

The Social Ecological Model is a multi-level framework that maps out the various levels that influence health behaviors. Figure 2 displays the model by Dahlgren and Whitehead, which depicts the social ecological model from the viewpoint that an individual's health status is a culmination of factors from each of the levels (Dahlgren, 1995). There are 5 levels at which the community can be dissected so that services and care can be targeted to meet the specific needs of individuals. Since one's health is influenced by all five levels, each level can be studied and addressed to provide the best care and service through the public health department. The best public health efforts focus on all levels since there are interactions within and between the levels.

By knowing the age, sex, and other constitutional factors of the community, it is easier to know what the community needs will be and what they will be at risk of contracting/developing which is extremely helpful in hiring certain professionals if necessary. For example, during the Public Health Nursing rotation, there were certain physicians that would talk about specific topics such as vaccinations for global travels, sexually transmitted diseases, and substance control and cessation. All of these were hot topics on post and highly relevant to the health issues that were prevalent in the post community. Having specialized care was crucial. Typically, age, sex, and genetics were used to determine disease risks but those are common factors in healthcare; individuals on post needed more emphasis on specific services beyond traditional care.

The next level of the model, individual lifestyle factors, was where behavior modification came into play. Common prevention strategies seek to alter an individual's behaviors. Whether the focus is on adopting healthier behaviors or ceasing risky health behaviors, ultimately change comes down to the individual. For example, tobacco use tends to be higher in the post community and there is a specific physician in charge of counseling and assisting people to quit their use of tobacco or choose a less risky option. This is common for other risky health behaviors as well, but not everyone changes their behaviors. This is where other services offered on post come into play, such as treatment for sexually transmitted infections and diseases or hearing aids for those who choose to not wear hearing protection. The treatment aspect is crucial in properly serving the community since not all conditions are prevented.

The third level, social and community networks, addresses the social component of health. As stated earlier, the post community is unique in that people from all over come to one area and are a part of the Army network. One way in which this influences health is that people who have traveled across the country and the world can be more susceptible to disease transmission. One physician on post heavily emphasized the use of vaccinations and prescribed medications for diseases and infections that were common to certain countries prior to travel and scheduled checkups post-travel. This helped to not only track the prevalence of disease currently on post but also allowed for tracking of disease spread that may have occurred while traveling internationally.

The fourth level, living and working conditions, is heavily influenced by the post living arrangements and work-related duties specific to the Army community. Low income housing arrangements and hazardous work conditions were two risk factors that negatively influenced

health of individuals on post. The public health department heavily promoted the education of healthy living behaviors such as checking for lead paint, mold in the vents, and clarity of water. All of these were common problems in older housing arrangements and buildings, as seen in certain areas on post, and could have led to serious health problems. Hazardous work conditions were also addressed by the industrial health department, whose employees checked to make sure all work conditions on post were meeting requirements that protected workers. Education and services provided by the Occupational Health and Environmental health departments reminded the public to be aware of their surroundings and protect their health status in return.

The fifth level, socio-economic, cultural, and environmental conditions, addressed the rest of the social and environmental components not previously stated. Army posts tend to be very diverse in both socio-economic and cultural aspects. The U.S. Army has posts across the world and active military personnel and their families not only consist of individuals from various countries, but travel is also very common. The environmental conditions on post seemed to be very conducive for active, healthy lifestyles which was very beneficial and helped the community adopt behaviors promoted by the public health department.

Part Two

Public Health Department Rotations

The foundation of this field experience was the rotations within each of the sub-departments within the Department of Public Health. Administration, Army Hearing Program, Environmental Health, Industrial Hygiene, Occupational Health, and Army Public Health Nursing, work together to address the public health issues and needs on Fort Riley. Additionally, Veterinary Services, while external to the Department of Public Health, works with the other groups to control food-borne illness and zoonotic diseases. Within each of the departments there were various tasks that the mentors aimed to have students experience during their rotations.

The Administration rotation was very office task oriented since the mentor was the Colonel's secretary. The activities included sitting in on conference calls, meetings, trainings, walk-ins with employees, scheduling, and email correspondence. The accreditation process was also heavily emphasized during this rotation. Binders and other materials were provided for self-education during free time. It was expected for us to understand why the department was getting accredited and efforts it took to get to that point.

The Army Hearing Program was heavily education oriented. They held classes for the unit leaders to learn about the importance of hearing protection. Some topics covered were events/ environments that could impair hearing or cause hearing loss, the effect of hearing loss on daily life, the various forms of hearing protection for different jobs and activities, and they concluded with how to order hearing protection for the units and provided contact information. Unit leaders were expected to then relay the information to their troops. Others tasks during this rotation included dropping in on soldiers at the shooting ranges to see if everyone was wearing proper hearing and in the clinic, hearing tests were completed for civilians and soldiers

During the Environmental Health rotation, there were separate activities depending on the focus areas: vectors and water. The activities centered on vectors and disease transmission included mosquito trapping, sorting, and identifying. There was also the vector analysis around post in which the recreational areas, such as parks and golf courses, were combed over via tick drags to assess risk to the population. Tick drags and in-water mosquito killing pellets were two ways in which the vector population was studied and controlled. Activities completed within the water lab were centered on water sampling from various places around post such as health clinics, dental clinics, food service areas, and portable water containers for soldiers (water buffalos). Once water samples were collected, they were brought back to the water lab for bacterial and chemical sampling.

While shadowing the Health Promotion Officer, my main activity was reading up on programs that were sponsored by the General, such as suicide prevention and alcohol restrictions on post. Conference calls and meetings were held during the few days that I shadowed therefore self-education was how I learned what programs the post was focusing on over the summer and upcoming months.

Industrial Hygiene was highly interactive and involved several trips to various worksites around the post. The delivery hub was monitored twice a day for temperature, humidity, and airflow. Office worksites were investigated and tested for mold and other issues that could potentially influence the health of employees. Ergonomic assessments were completed, and equipment was delivered to individuals who requested items to help aid their physical comfort in their office space. Noise and air sampling were both completed in motor pools, helicopter hangers, drone hangers, and around the air field. Range inspections were conducted to see if protocol was being followed in terms of hearing protection and other safety practices.

The main activity in Occupational Health was observing patient appointments. Contractors, retirees, newly enlisted, pre-deployment, and post-deployment military individuals were seen in these health examinations that provided assessments for hearing, vision, and vaccination status. There were individuals who were also seen for their annual health examination, that were required for all employees on post.

Army Public Health Nursing had several focus areas so the activities in that rotation varied depending on who was the mentor for that day. The first mentor tracked STD prevalence and treatment in addition to seeing patients and educating about safe sex and other personal interactions. The second mentor used a program called Epitrax, used to record disease prevalence (i.e. flu, STDs, Lyme disease, Chagas, etc.) in patients that come to the clinic. The third mentor was a nurse that saw individuals that needed their hearing and vision tested in addition to immunizations if they were not up to date. Typically, these individuals were new employees or current employees that were coming in for their annual exams. The fourth mentor specialized in consultations with individuals for deployment, redeployment, and those traveling around the world. The clients were informed on what immunizations and medications they needed to be safe while they were abroad and prevented against disease transmission when they returned to the United States. The fifth mentor routinely inspected the child development centers (CDCs) around post. These were thorough inspections that involved going into each of the rooms, checking for appropriate signage for allergies, medications for allergies, toothbrushes, and hand washing stations, etc. The sixth mentor oversaw the tables that were set up at the safety and health fair for the infantry soldiers one day. There were three tables: one for STDs education and smoking cessation, one for environment safety, and the other one for mental health and awareness.

The Army Wellness Center provided an inclusive experience even though it was cut short to only 3 days. The first day involved observing appointments with individuals getting their body composition tested with a Bod Pod. The second day was filled with appointments of individuals going through metabolic testing and training on energy balance. The third day covered fitness testing in areas of flexibility, strength, and cardiovascular function. The fourth day entailed educational training on diet, energy expenditure, and healthy habits. Overall, the wellness center provided a variety of services that promoted positive changes in soldiers and civilians who were interested in a holistic approach to improving their health. It was common for the Army Wellness Center to be confused with the many gyms on post, but the Army Wellness Center focused on education and providing services that assessed fitness and health.

In Veterinary services there were three main activities: observing appointments, commissary inspections, and K9/ Color Guard inspections. Cats and dogs were the two animals seen during the appointments. Shots, chipping, and neutering/spaying were the focus of the appointments. The commissary inspection was very thorough and involved assessment of both front-side (consumer area) and back-side (storage, deli, and delivery areas). The K9 and Color Guard unit inspections involved going to the various buildings and assessing the safety of the structures for the animals and work force and made sure everything was up to standard. The health of the horses and canines were checked at a separate time.

Public Health Relevance of Field Experience

During the various rotations within the departments, skills learned involved field assessments, clinical assessments and testing, chemical handling, vector assessment, health assessments, physical assessments, handling sensitive information, and public speaking with large groups. This was a completely different experience on post than what I have been exposed

to in previous work environments and academic settings. There was an expectation to learn information and develop skills quickly. The limited hours spent in each department meant that I had to learn as we went if I wanted to be of assistance to the staff and mentors in the department. Their daily tasks would be completed without the students but since we were there, we learned skills that each department requires of their employees that may be useful in our future careers.

While policies are prevalent on post and dictate what needs to be done daily, there was not an interactive experience tied to policy development during the field experience. It is common for highly structured environments to have a lot of policy that is restrictive; however, the on-post environment can always be improved, and policy can facilitate those changes. It would have been interesting to see how policy development and changes occur on post versus the civilian community.

Disease patterns were addressed in several areas: consulting traveling soldiers on proper vaccinations and medications, collecting and assessing vectors collected around post, clinical assessments of the population to note changes potentially due to disease, STI and STD screenings and data collection, and rare disease reports to upper command to name a few.

Disease patterns are very important to study in a diverse community with a high turnover rate of people. The main thing that I learned during this rotation was that diseases need to be studied via several pathways and causal factors since not all of them are the same. By knowing what causes the disease, how it is spread, who is susceptible, and what treatment to take, health professionals are going to be more successful at their job.

Exposure to the determinants of health was heavily dependent on which department was being shadowed, i.e. veterinary services versus public health nursing versus industrial hygiene. Veterinary services were very concerned with how the health of the house-hold pets would

influence the health of the owners and vice versa. To improve the health of the pet, they suggested that the owner be active to prevent overweight pets and vaccinate pets based on particular environments they'd be exposed to such as kennels or outdoorsy places. There were also informational pamphlets for how humans can prevent interspecies disease exchange. This was very different from public health nursing where they asked the individual about daily behaviors and if there was any information or support needed for recommended behavior changes. This goes beyond the typical scope of disease but public health nursing on post really did emphasize holistic health which was evident by the various specialized services provided by their staff members. Lastly, industrial hygiene assessed work sites for a myriad of potential issues which had a large impact on an individual's health due to time spent in that work environment. By focusing on all aspects of determinants of health, the post community was supported without having to solely focus on their own health.

The health fair for one of the battalions on post was a good example of practical application for the information taught during the Public Health Nursing rotation. On that day, we were outside where health-oriented vendors and various departments across post came together to promote safety and awareness of all the programs available to soldiers. The Army Public Health Nursing tent we staffed addressed the topics of mental, sexual, and physical health. A few of the other tents provided material about the training for Food Safety, safety while driving that promoted not drinking and driving, and the Army Hearing Program educating platoons on proper protective equipment. Overall, that battalion seemed interested in the event and it allowed several of the public health services provided by the health department to be promoted to many soldiers.

While each department within the public health department had different areas of emphasis, the overall goal was to provide a safe and healthy post environment, for work and life, with services that educated and alleviated ailments. It was clear that each department worked together and understood the common goal regarding the health of the post community.

Social Ecological Model in Practice

Prior to the field experience, I was aware of the Social Ecological Model from previous classes and knew of its application in the community based on prior work experience. While public health knowledge is both evidence and experience based, experience allows individuals to apply their knowledge during future interactions with patients and the working community that comes into the health department. Earlier in this document when the different levels of the Social Ecological Model were explained, I provided on-post examples to show how health is impacted by the different levels. While the Social Ecological Model can be used to explain how policy can influence health or how the different levels impact the community's health overall, I chose to start from the perspective of the individual's health since the Army really emphasizes the strength of their unit. This is dependent on how everyone can live a healthy life with access to safe childcare, safe outdoor environment, extensive health and medical services, and education for topics ranging from family therapy to mental disease. The field experience shed light on how each of the departments acknowledged the health of every individual and how their specific services benefitted the Army community, one individual at a time.

Part Three

Conclusion

This experience has taught me that I am very flexible in my abilities and quick to learn new procedures. A few examples of this are within the rotations with Environmental Health and Public Health Nursing. These were the two areas that I had no previous experience with and yet I left knowing all about vectors and disease spread and how patients need routine appointments since health is highly dependent on day to day choices and exposures to the environment. It was highly interactive and informative. The public health skills I gained during this invaluable experience are: statistical analysis, data collection and analysis, communication, professionalism, linguistics, and vicarious experience with different techniques within each of the departments on post. All of which will provide the foundation needed to be a better public health professional.

A recommended change to the program would be to make the objectives and requirements a little more challenging and personalized depending on the student's emphasis area. More flexibility within the schedules toward the end of the semester would allow for personalization of the experience would be the most feasible reward. After students have completed the objectives for each department, any extra contact hours should be spent in departments of interest. This will allow for more learning and application of skills in the areas that they are most likely to work in the future. This will also benefit the departments when they have interns that are interested in their job and students will be more engaged. By allowing for more exposure to areas of interest, students can learn skills and meet their personal objectives for the overall field experience.

During my field experience, I made professional contacts with employees and mentors in several of the departments. Environmental Health, Army Public Health Nursing and Army Wellness Centers were welcoming and had mentioned that they could see me as an employee within their department. I noticed that these areas were ones that challenged me to apply the knowledge and experience I gained as a student at KSU in addition to other work experiences. Making an impression with these individuals boosted my confidence and allowed for the consideration of different job possibilities. Beyond working on post, this field experience has also allowed for the application of public health skills that I learned in my classes. It was beneficial to see how the theories, frameworks, and evidence-based approaches could be implemented in presentations as well as providing evidence-based recommendations for those who provided the information and services for the post community. It was very rewarding being able to work closely with all the departments and hopefully this experience will extend into my future public health practice opportunities.

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