

Master of Public Health Field Experience Report

FIELD EXPERIENCE REPORT: VIA CHRISTI HOSPITAL

by

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submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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Chapter 1 - Field Experience Report

Introduction

In partial fulfillment of the Master of Public Health (MPH) degree, I completed 180 hours with Via Christi Hospital in Manhattan Kansas for my field experience. Via Christi is a not-for-profit acute care center, serving Manhattan and surrounding areas (Riley County). The organization was created in 1996 by combining Saint Mary and Memorial hospitals to form Mercy Regional Health Center. In 2015, Mercy became Via Christi Hospital. Via Christi is a member of the largest Catholic/nonprofit healthcare system in the country, Ascension. The mission of Via Christi is to serve as a healing presence with special concern for those that are vulnerable.

For my experience, I worked with Chris McClead, the Senior Director of Mission Integration, as my mentor. Chris has a Master of Arts in Servant Leadership, as well as a Master of Arts in Theology. Chris's responsibilities at Via Christi are numerous, but include being the champion of the community benefit program for both Riley and Pottawatomie counties. Part of this role is to serve the needs of the poor and vulnerable by connecting organizations together, towards the result community benefit. He also sits on the board of trustees for the Flint Hills Community clinic, and the board of trustees for Salina Regional Health Center. He also participates in the Riley County Public Health Advisory Council, and is a member of the Flint Hills Wellness Coalition. At the time that I was beginning my field experience, Chris had just started up a new project focusing on family nutrition. This seemed like a great opportunity to get exposure to public health in action.

Background

In 2014, a community needs assessment for Riley County was conducted by Wichita State University's Center for Community Support and Research, coordinated by the Riley County Seniors' Service Center. The needs assessment involved administration of a survey to the community, interviewing key informants, gathering information from focus groups made up of underrepresented survey groups, and the compilation of secondary data (i.e. Kansas Behavioral Risk Factor Surveillance System data, Census information, and others). The resultant report of findings was published as a booklet for use by appropriate entities within Riley County.

The data from the needs assessment was used by Chris to develop Via Christi's 2015 Implementation Strategy Plan (ISP). The ISP is a summary of the four largest identified health issues in the service area of Via Christi (i.e. Riley County). The main concerns for Riley County according to the ISP include mental health needs, access to primary care physicians, adult physical activity participation, and adult fruit and vegetable consumption. The latter two needs were the reason I was brought on board to work with Via Christi.

Being that Via Christi is a not-for-profit hospital, it has recently been affected by the Affordable Care Act's (ACA) relatively new requirements for such institutions to retain their tax-exempt status. Under the ACA, nonprofit hospitals must conduct a community needs assessment every three years, and develop an ISP to address the needs of the community. Nonprofit hospitals are also required to perform some form of community benefit effort. Unfortunately, 'community benefit' is ill defined, as there is no federal statute describing what constitutes 'community benefit' in the ACA itself, though the IRS does have guidelines as what could be counted as benefit. There are also no minimum requirements for community benefit listed within the ACA, though hospitals are required to report their community benefit activities each year. This can undermine the outcome that the ACA is attempting to achieve by not listing minimum requirements. The IRS has listed what types of activities may count as community benefit, including financial assistance (i.e. discounted or free care, assistance to "underinsured" patients), government-sponsored means-tested health care (i.e. costs and revenues related to Medicaid, State and local indigent care), and community benefit services (i.e. community health improvement services, educational programs for practitioners, subsidized health services, etc.). My role at Via Christi was to aid in helping the hospital achieve/participate in community benefit activities designed to address the hospital's 2015 ISP.

Scope of Work

My duties at Via Christi involved working within the community, and connecting with community partners in order to develop, and in one major case, implement and assess programs aimed at promoting healthy behaviors. Specifically, I was responsible for developing materials for one of the specific programs, as well as conduct research and come up with ideas for additional ways to address the 2015 ISP needs of increasing fruit and vegetable consumption and

physical activity in Riley County. I also represented the hospital at various community meetings, and reached out to other organizations to begin/maintain partnerships with the hospital.

Learning Objectives

Prior to beginning my field experience, I worked with Mr. McClead to develop learning objectives. These objectives were very action-oriented. The first objective was to **assist in the 2015 Implementation Strategy Plan for Via Christi Health- Manhattan, focusing on specific health needs: to increase physical activity, and healthy eating in the community of Manhattan**. This was done primarily through attendance at meetings, development of materials for programming, independent research on potential programming, outreach to community partners, and most significantly through participation in the creation of the Be Well Bergman program.

My second objective was to **join the Be Well Bergman task force, and attend all Be Well Bergman community engagement sessions including but not limited to cooking classes and open information sessions**. This was accomplished by simply being involved in the task force and taking on any type of project associated with the program.

My third objective was to **reach out and strategize with Manhattan Parks and Recreation Department to increase physical activity programming at the Douglass Community Recreation Center**. This was accomplished by meeting and coordinating with the director of the Douglass Center (David Baker), and the fitness coordinator (Mitzie Rojas) to come up with potential program ideas. This coordination has resulted in two programs that Via Christi will be assisting with at the Douglass Center, including a youth decathlon event in the summer, as well as a nutrition/physical activity program similar to the “Be Well Bergman” program discussed below. As a part of my outreach, I also reached out to the Body First Fitness group in Manhattan. As a result of the conversations held, Via Christi is now partnering with the group to help sponsor the Body First School Fitness Challenge in the fall of 2016. The 2015 event was the largest in Kansas, with over 1000 kids participating, and the fundraising for the event to date has raised over \$58,000 raised for USD 383 physical education programs.

My final planned objective was to **attend Flint Hills Wellness Coalition (FHWC) meetings and Manhattan Bike and Pedestrian Meetings**. This objective was designed to expose me to public health in action. This objective was partially accomplished, as I attended

three FHWC meetings, one Riley County Public Health Advisory Council meeting, and one Regional Food and Farm Council meeting, however I did not have the opportunity to attend any of the Bike and Pedestrian Committee meetings. At the meetings that I was able to attend, I got to interact with individuals representing a wide variety of Riley county segments, and be a part of the community health/policy process.

Another objective that was added during my field experience was to **complete a comprehensive analysis of Manhattan's wellness/community health system**. This was accomplished through an assessment of my experiences at the various meetings I attended, and interactions with various individuals directly involved in the public health within the community.

Activities Performed

Throughout the field experience, I completed various tasks and activities all related to community health. Most activities were focused around the Be Well Bergman program and development of additional ideas for the hospital to address physical activity and nutrition in the Manhattan/Riley County community.

Be Well Bergman

Background. Prior to beginning my field experience, Mr. McClead had already been approached by Frank V. Bergman Elementary School to partner with them to create some kind of nutrition/health programming for families in the school. Bergman Elementary is a part of Manhattan-Ogden USD 383, located in the northwest area of Manhattan. Bergman is located in an upper-middle class neighborhood, where 77% of the students reside within 2 miles of the school (SRTS report, 2015). Bergman also busses in students from local mobile home parks (Redbud Estates and River Chase), as well as a few other small areas throughout the city. The program that Mr. McClead had begun to develop was designed to target some of the families of lower socioeconomic status (SES) at the school.

When I joined, Mr. McClead had already gathered preliminary survey data from families at the school as an attempt to see what interest there would be in a program centered around nutrition education (cooking classes), healthy family meal planning, etc. He had found that 38 of 60 respondents would be interested in the program. Mr. McClead also set up a task force with the objective of developing and implementing the program. When I joined, I was assimilated onto the Be Well Bergman (BWB) task force, which consisted of four others: Mr. McClead, the

school wellness ambassador (Shana Bender), a Via Christi wellness coach (Barbie Anderson), the school principal (Lori Martin), and myself.

Methods. As a part of the BWB task force, I completed various tasks to aid in the successful implementation of the program. These include creation of marketing materials, assisting in coordination and planning of the cooking classes, development and administration of a survey to track the effectiveness of BWB, analysis of all collected data, attendance of each BWB session, and wellness tips emails, among other smaller tasks.

The survey that I developed was an amalgam of various questions related to general health, nutrition, and physical activity. The questions attempted to capture perceptions (e.g. “what is your definition of wellness”) as well as self-reported, subjective measurement data (e.g. amount of physical activity). It was administered twice, once at the first session for a baseline measure, and again at the third session. I also developed a ‘step tracking log’ for participants to track their steps with the pedometers that we provided them with. These two items consisted of the main methods of tracking the effectiveness of BWB. I also developed handouts for one of the classes that included a list of various fitness, nutrition, and general wellness apps, along with descriptions of each for participants to be able to test out for their specific needs.

Be Well Bergman (BWB) was a program that entailed four sessions over the course of three months (roughly one session every two weeks). The target audience was the parents of children within the elementary school, though the children were welcomed and highly involved in the program. Each session was approximately one hour long, focusing the majority of the session on some kind of core theme (breakfast, lunch, dinner, snack), centered on healthy meal planning and preparation. A different person presented each meeting, including a nutritionist from Via Christi (Teresa Sanborn), the head chef at Via Christi (Dustin Cherry), a local cookbook author (Lindsay Seibert), and the fitness coordinator from Douglass Community Recreation Center (Mitzie Rojas). Sessions also included health and wellness information as well, along with question and answer time. Participants also were able to take home all of the ingredients from the meal that was demonstrated to them. Outside of sessions, participants were given the opportunity to participate in free wellness coaching offered by Barbie Anderson, one of the BWB task force members.

Results. The program included a total of six families, all parents of which were female (n=6), the average age of whom was 40 years (SD= 4.38). On average, each family had

approximately three kids, who had a mean age of 8.6 years (SD= 5.80). Parents were asked what types of things they wanted to learn over the course of the program, to which responses included: “making healthy food choices”, “cooking healthy meals for kids”, “meal planning”, etc. They were also asked their perceived barriers to being physically active, to which responses included: “making time to do it”, “too tired at the end of the day”, and “my kids needing me to care for them”. Barriers to maintaining a healthy diet included: “taking time to plan and prepare healthy meals”, “organizing a menu for the week”, and “recipes my kids will eat”.

At the end of the third session, parents filled out another survey, which included a few additional questions, including whether or not they noticed an increase in their physical activity or fruit and vegetable consumption since the beginning of the program, what they learned in the program at that point, and what healthy eating meant to them. We also asked whether or not they would participate in a program like BWB again, and what changes or improvements could be made to the program.

Of the respondents present at the third session, four of the five said they had noticed an increase in fruit and vegetable consumption since the start of the program, and only two had noticed an increase in physical activity. There were no significant changes in any of the repeated measures over time. Learning outcomes included: “making small healthy changes can add up to great benefits”, “planning great meals for kids”, and “to get outside of my food comfort zone”. Possible improvements to the program included: “More advertisement of kid involvement”, and “more emphasis on physical activity”. There were no significant changes over any of the variables that were measured.

Conclusions. Given that this program was very brief, and had such a small number of individuals participate, it is difficult to accurately assess behavioral outcomes. All of the participants enjoyed the program and would be willing to participate again, and most noticed an increase in their fruit and vegetable consumption (the one that didn't was already consuming a good amount of fruits and vegetables), which was part of the main focus of the program. Overall, the differences between pre and post program measures were indistinguishable. It did not appear that the program made a very large impact in terms of behavior, but did more so in terms of perceptions and awareness. One of the main issues with the survey results at the second measurement point was that it occurred shortly after spring break. Many of the families were out of town, or were more ‘relaxed’ over that time period, possibly leading to skewed data. If the

program is to continue, there are quite a few areas that need to improve. In the appendix, I have attached a list of my recommendations to the BWB program should it continue on.

Riley County Community Health System Assessment Summary

Currently, Riley County is very fragmented as far as community health is concerned. There is no established ‘hub’ organization taking the lead on community health issues. While there may not be a centralized entity, there are a number of ‘big players’ in community health, including the Riley County Public Health Advisory Council (RCPHAC), the Flint Hills Wellness Coalition (FHWC), Via Christi, and Manhattan Parks and Recreation. FHWC and RCPHAC are made up of representatives from a variety of organizations and key stakeholders within the area (See Figures 1 and 2). Many individuals that are a part of the FHWC are also a part of the RCPHAC, lending themselves to the diverse interests found in each group.

After attending a number of meetings for each of RCPHAC and FHWC, the fragmentation of community health was quickly recognized. While each entity is concerned with health of the community, they are typically concerned with different topics. For instance, FHWC appears to currently be very heavily interested in addressing healthy eating, and access to foods, while RCPHAC is currently investing time into adding e-cigarettes to the tobacco ban in Manhattan. This is not surprising, as a ‘health advisory committee’ should be involved in many different facets of health, not just ‘healthy eating’ or ‘physical activity’. It could also be that different groups are working from different ‘plans’. Via Christi is basing most current community health efforts on their 2015 ISP, which as mentioned above includes: access to primary care physicians, mental health, physical activity, and nutrition. Other groups are working off of the Riley County Community Health Improvement Plan (RCCHIP). This plan identifies a variety of community health-related priorities (see Figure 3), with the three main focuses including communication and coordination of systems and services, transportation, and mental health.

Another example of fragmentation is that even within the different councils, individual stakeholders/organizations are working alone to address a specific health issue rather than collaborate effectively with others in the council/committee (see Figure 4 for current structure). For instance, BWB was a program almost entirely developed, implemented, and assessed through Via Christi and Bergman Elementary. A strong partnership with other members of the coalition

could have likely increased the efficacy of the program. The FHWC is currently attempting to revise their structure to better foster collaboration between members/organizations in the coalition (see Figure 5).

Overall, the current health system in Manhattan/Riley County is in need of some adjustments. Organizations are currently ‘working alone, together’ on different community health issues, which has indeed been identified within the RCCHIP (2015). Communication and coordination within the system seems to be lacking, with no organization leading the community health ‘charge’. Via Christi is a strong candidate for such a role, given the social capital and ‘pull’ in the community that the hospital has. It is recommended that Via Christi take on more of a leadership role, partnering with the health department. Such partnerships have been shown to effectively engage a broad range of private and public entities in the effort to improve community health (Prybil, et al, 2014).

Conclusion

During my time with Via Christi, I learned a lot about how to develop, implement, and assess a community health program in practice (as opposed to my previous coursework). I’ve gained a new perspective on how community health is currently being done through the hospital system, and how that process could be improved. I’ve also gained insight into how public health policy happens through some of the meetings that I attended. This experience allowed me to step outside of theory, and lab work, and apply some of my skills directly to public health engagement.

References

City of Manhattan, KS. (2014). USD 383 safe routes to school Plan phase 1 report.

Riley County Health Department. (2015). Riley county community health improvement planning process.

Prybil, L., Scutchfield, F.D., Killian, R., Kelly, A., Mays, G.P., Carman, A,...Fardo, D.W. (2014). Improving community health through hospital-public health collaboration: Insights and lessons learned from successful partnerships. *Health Management and Policy Faculty Book Gallery, Book 2.*

Figure 1- Flint Hills Wellness Coalition representation



Figure 2- Riley County Public Health Advisory Council representation



Figure 3- Riley County Community Health Implementation Plan Identified Priorities

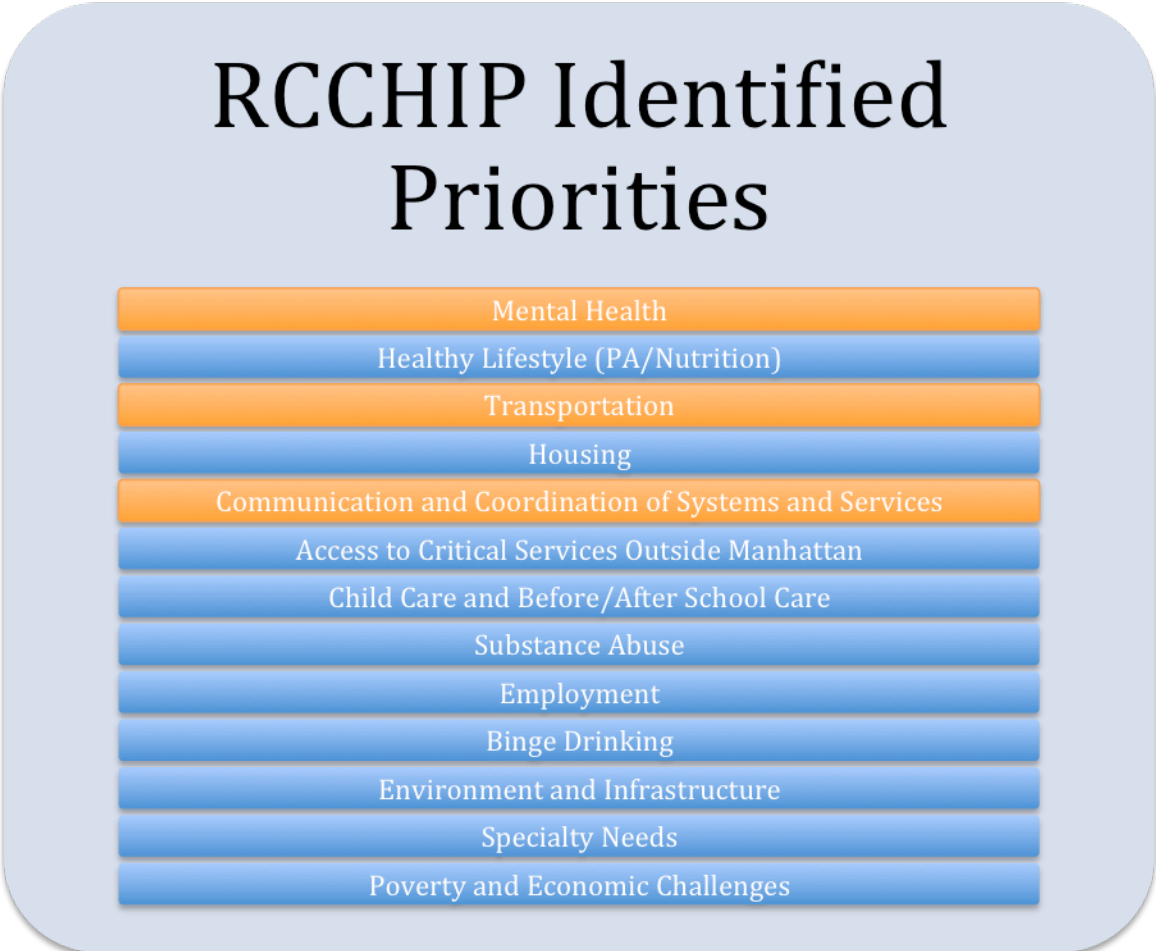


Figure 4- Current Structure of Flint Hills Wellness Coalition

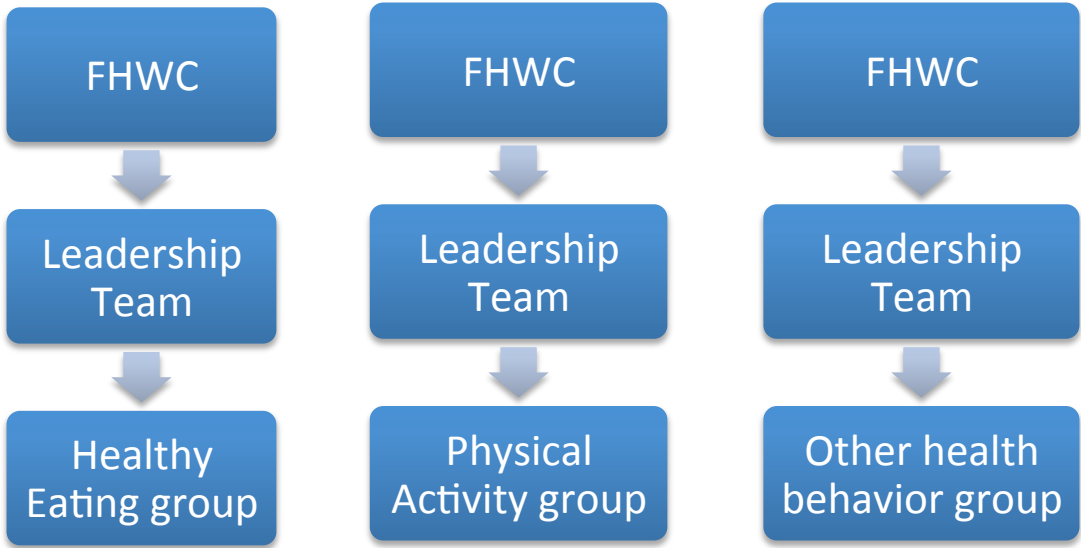
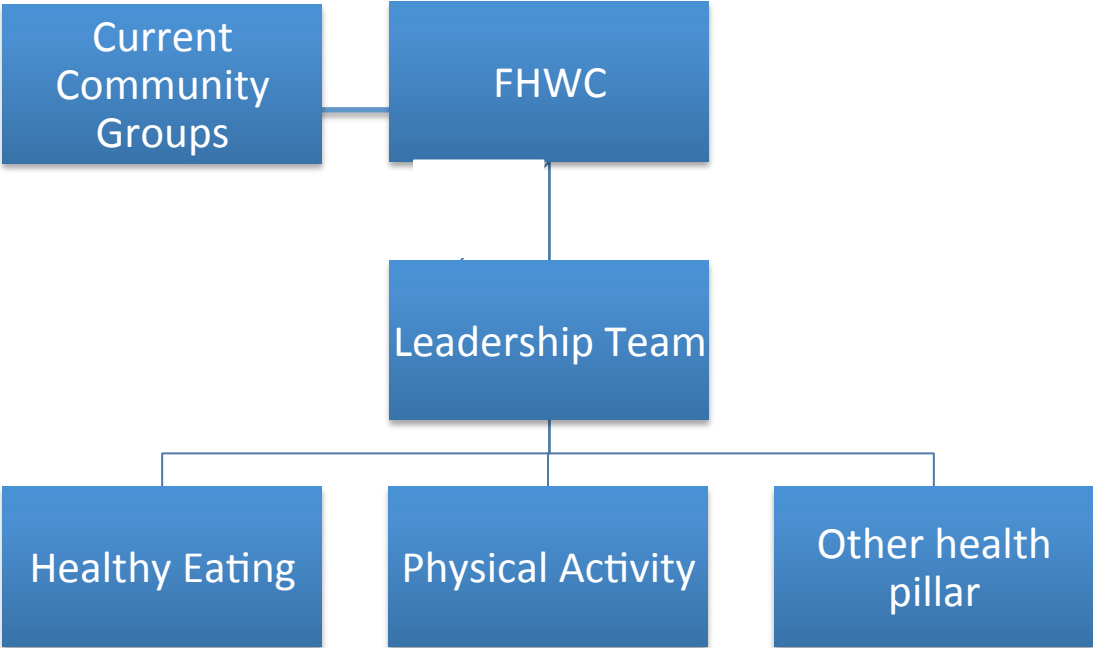


Figure 5- Proposed Structure of Flint Hills Wellness Coalition



Alignment with Public Health Core Competencies

During my experience with the KSU MPH program, I was able to meet the core competencies through coursework, my field experience, and conducting research.

Biostatistics. I met the biostatistics competency by completing the biostatistics course, designing and conducting a thesis research study, analyzing the data, as well as additional departmental research using statistical concepts from the biostatistics course.

Environmental Health. I accomplished the environmental health competency through completion of the environmental health course. I was also exposed to environmental health concepts through attending Regional Food and Farm Council (RFFC) and Riley County Public Health Advisory Council (RCPHAC) meetings. Some of the main topics covered in the RCPHAC meetings included the potential hazardous health effects of electronic cigarettes, hookah, and tobacco on consumers, what the current legislature says (i.e. Kansas Indoor Clean Air Act and local legislature), and how that can be addressed. During the RFFC meeting, one of the points of discussion included the environmental health impact of local food systems.

Epidemiology. I accomplished the epidemiology competency through completion of the epidemiology course. I've otherwise had exposure to behavioral epidemiology through attendance of multiple presentations at conferences using epidemiological data.

Health Service Administration. In my field experience, I worked within the health care system under supervision of a health care administrator involved with community health. I also conducted an interview with the Vice President of a rehabilitation hospital, and was exposed to his experiences and views of the healthcare system and how the hospital was addressing changes in healthcare.

Social and Behavioral Sciences. Within my emphasis area (physical activity), I had the opportunity to complete multiple social and behavioral science courses. These courses exposed me to theories and models related to why individuals do or do not engage in certain health behaviors (e.g. physical activity), and how to translate these concepts into practice.

Conclusion

My time in the MPH program at KSU has provided me with the opportunity to enhance my understanding and enjoyment of the public health field. I believe I have met core

competencies through my coursework, field experience, and research. I look forward to using the information I've learned through this program to help me make a public health impact.

Appendix A - Recommendations for the Be Well Bergman Program

Recommendations for Be Well Bergman

1. Take more of an evidence-based approach
 - a. Be sure to look up and use evidence-based literature to support this program.
 - b. Read through the literature and see what works, what doesn't, and what you should expect.
 - c. I was not able to find many studies that showed such educational interventions were effective at changing behavior in the long-run (which is what we want!)
2. Possibly expand to 1.5-2 hours
 - a. This could be used for a number of purposes:
 - i. More time for PA (possibly an actual activity during the session)
 - ii. More time for 'hands on' participation for all parties
3. Include more of a PA component
 - a. PA components could include exercise/activity during part of the session
 - b. Evidence-based PA promotion intervention
4. Advertising
 - a. Advertise child involvement in the program
 - b. Better overall advertising to and inclusion of the rest of the community.
 - c. I would like to see more participants in the future
5. Expansion to other schools OR to a centralized location for more community-wide participation
 - a. Could move location to Via Christi, which is more centralized
 - b. Have
6. Partner up with another 'health entity'.
 - a. Reach out to Flint Hills Wellness Coalition to get involved (as they are heavily PA and nutrition focused)
 - b. Reach out to the University, or groups within the University (e.g. health-centric student groups, kinesiology and/or nutrition departments, etc.)
7. Longer duration of program (i.e. more sessions) AND more frequent sessions
 - a. Weekly meetings

8. Could implement a technology component
 - a. Facebook group
 - b. Apps
 - c. Twitter

9. Include more interaction between the participants
 - a. Could have team-building/group-based activities
 - b. Maybe start up walking/exercise groups (Walk Kansas teams?)

Appendix B - Measure for Be Well Bergman program effectiveness

1. What is your age?

2. What is your gender?

Male Female

3. How tall are you in inches?

4. How much do you weigh in pounds?

5. How many children do you have? What are their ages?

6. What is your definition of wellness?

7. What have you learned so far throughout this program?

8. In general how healthy is your overall diet?

- A) Excellent**
- B) Very good**
- C) Good**
- D) Fair**
- E) Poor**

9. On a typical day, how many times do you eat fruit?

10. On a typical day, how many times do you drink 100% fruit juices such as orange, apple, or grape juice (do not count punch, Kool-Aid, iced tea, Sunny D or sports drinks)

11. On a typical day, how many times do you eat green salad?

12. On a typical day, how many times do you eat other vegetables?

13a. During the past 2 weeks, how many meals (i.e. breakfast, lunch or dinner) did you/your family get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, etc.?

13b. How many of those meals were from a fast-food or pizza place?

14. During the past 2 weeks, how many times did you/your family eat “ready to eat” foods from the grocery store (i.e. salads, soups, chicken, sandwiches and cooked vegetables from the salad bar/deli? (please don’t include sliced meat or cheese for sandwiches, frozen, or canned foods)

15. During the past 2 weeks, how many times did you/your family eat frozen meals or frozen pizzas?

16a. Do you use nutrition labels when purchasing foods?

Yes No

16b. If you do use nutrition labels, what do you look for on a nutrition label?

17. During the past 2 weeks, did you diet to lose weight or keep from gaining weight?

Yes No

18. During the past 2 weeks, did you exercise to lose weight or to keep from gaining weight?

Yes No

19. During the past 15 days, did you take diet pills or other commercial weight loss products to lose weight or keep from gaining weight?

Yes No

20. In a usual week, how many days do you do moderate physical activity for at least ten minutes at a time? (Moderate activities may include brisk walking, biking, or any activity that causes a small increase in breathing and heart rate; Activities during which, you could still carry on a conversation)

0 1 2 3 4 5 6 7

21. In a usual week, how many days do you do vigorous physical activity for at least 10 minutes at a time? (Vigorous activities may include running, aerobics, or anything else that causes large increases in breathing and heart rate; Activities during which you could NOT still carry on a conversation)

0 1 2 3 4 5 6 7

22. On days when you do moderate or vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing those activities?

Moderate: _____ hours _____ minutes

Vigorous: _____ hours _____ minutes

23. In the past 2 weeks, how many days did you engage in planned exercise?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

24a. In the past 2 weeks, how many days did you travel in a motor vehicle (i.e. bus, car)?

____ Days

24b. How much time on average did you usually spend on one of those days traveling by motor vehicle?

____ Hours _____ Minutes

25a. During the past 2 weeks, how many days did you bicycle or walk at least 10 minutes per day to go from place to place?

Walking: _____ days

Biking: _____ days

25b. How much time did you usually spend on one of those days traveling by walking or biking from place to place?

Walking: _____ Hours _____ Minutes

Biking: _____ Hours _____ Minutes

26. During the past 2 weeks, approximately how much time did you spend sitting on a weekday?

_____ Hours per day

_____ Minutes per day

27. During the past 2 weeks, approximately how much time did you spend sitting on a weekend day?

_____ Hours per day

_____ Minutes per day

28. My family is physically active. (0-10) not at all - extremely

0 1 2 3 4 5 6 7 8 9 10

29. We would like to know what you consider to be the biggest barriers/challenges to engaging in a few health behaviors. For each, please list up to 3 of your biggest barriers/challenges. Examples could include time, expense, knowledge, interest, etc.

a) Engaging in regular physical activity.

b) Maintaining a healthy diet.

30. How easy/difficult is it to get your children to eat vegetables? (Circle one)

Very Easy Easy Somewhat Easy Somewhat difficult Difficult Very Difficult

31. What does healthy eating mean to you?

32. Have you noticed an increase in your fruit/vegetable consumption over the course of this program?

33. Have you noticed an increase in your physical activity over the course of this program?

32. Would you participate in a program like this again?

33. What could be changed/improved about this program?