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EXAMINING THE INSTITUTION OF PUBLIC HEALTH: THE CASE OF THE JAMES C. KENNEDY WELLNESS CENTER

By Hannah Hoang

A thesis presented in fulfillment of the requirements

for the completion of the Sally McDonnell Barksdale Honors College

and the Trent Lott Leadership Institute.

Oxford

May 2020

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To my parents who came to America seeking education and opportunity,
you inspire me always.

Acknowledgements

I would like to acknowledge my thesis committee, Dr. Joseph Holland, Dr. Kyle Fritz, and Dr. Christan Sellar for assisting me throughout the writing process. Dr. Holland, you have been everything I could have asked for in a thesis advisor, thank you for allowing me to join your research team. Dr. Fritz and Dr. Sellar, my academic advisor and my friend, I appreciate your constant support. I am thankful for the Sally McDonnell Barksdale Honors College and the Trent Lott Leadership Institute for four great years of learning and growth. Finally, a sincere thank you to the James C. Kennedy Wellness Center, Grace Cartwright, Lydia Johnsey, and Bradley Curtis for assisting me throughout this research project.

Abstract

This thesis aims to function as an analysis of the James C. Kennedy Center and the impact capacity the Center has on community health and wellness in Tallahatchie County, Mississippi. Poor health is a global problem that is especially prominent in Tallahatchie County which ranked 81st out of 82 Mississippi counties in 2012. This thesis used institutional theory to explain the relationship between the Center and public health. Through interviews and data analysis, a broad evaluation was performed on the Center's programs and community impact. Results showed that the Kennedy Center has made a large impact in improving the health and wellness of Tallahatchie County by not only providing a space for recreation but also through education and activity-based programs. These results highlight specific factors that impact the institution of public health.

Keywords: Institutional Theory, Public Health, Mississippi, Tallahatchie County, Wellness Center

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CHAPTER ONE

INTRODUCTION

Poor health is an American problem that not only negatively impacts the lives of many U.S. citizens but also costs the United States hundreds of billions of dollars annually (National League, n.d). The total Gross Domestic Product (GDP) spent on American healthcare costs totaled to 17.7% in the year 2018 (Historical, 2019). These tremendous costs show a continuous upward trend in the United States's healthcare spending patterns with costs progressively growing each year (National League, n.d). Areas such as adult obesity, childhood obesity, cardiovascular disease, and diabetes show preventable manifestations of poor health in America. The focus of this thesis will evaluate how the institution of health and wellness, in the form of the James C. Kennedy wellness center, can influence public health.

Obesity is diagnosed when an individual reaches a body mass index (BMI) of 30 kg/m^2 or higher (Seidell, 1999). According to the Center for Disease Control and Prevention (CDC), 29% of adult Americans were obese in 2013. This already staggering statistic continues to increase, and the current data show that almost one-third of Americans (31.3%) are now afflicted with this disease. Obesity is especially troubling due to the fact that it is largely a preventable disease that increases a person's susceptibility of developing cardiovascular disease and diabetes later on in life. Preventable diseases are serious when allowed to progress, but are most effectively lessened or cured when treated at the onset of disease. This means that the detrimental

effects obesity causes on the body can be reversed by lifestyle changes such as healthy eating habits and exercise (AlGhatrif et. al., 2012).

Child obesity rates are important due to the likelihood that obese children will progress into adulthood with the disease. Since obesity leads to other poor health outcomes, it is important to reverse the early signs of obesity in children. According to the CDC, the prevalence of childhood obesity is extremely high which predicts high adult obesity rates in upcoming years. Data show that children are spending less time exercising and more time indoors and in front of screens. With entertainment such as video games, TV, tablets, and computers, surveys have shown that children are now spending more than 7.5 hours a day in front of a screen. If physical stagnating is combined with overconsumption of calories, sodium, sugar, and fats, higher rates of obesity will arise in children (HHS Office, & Council on Sports, 2017).

Cardiovascular disease is a term that includes conditions that affect the heart and blood vessels such as heart attack, heart failure, coronary heart disease, and all other conditions affecting the heart. This serious disease is the leading cause of death with one person dying of heart disease every 37 seconds in America (Heart Disease Facts, n.d.). According to the Mayo Clinic, heart disease is a preventable disease that is caused by factors such as unhealthy eating habits, a lack of physical activity, being obese, and smoking (Heart disease, 2018). The American diet has become increasingly dependent on foods prepared outside the home which often consists of fewer fruits and vegetables, and a higher concentration of calories (Saksena et. al., 2018). This unhealthy diet of high calorie, low nutrient foods combined with less physical exercise leads to a higher prevalence of cardiovascular disease which has correlations with high obesity rates.

Although smoking, the final determining factor of heart disease, has declined in recent years, e-cigarettes are rapidly growing in popularity across the United States. New research is now showing strong links between e-cigarettes and heart diseases which means that although smoking rates have gone down, the prevalence of e-cigarettes continues to make smoking an important risk when predicting heart disease (Sussan et. al., 2015).

Diabetes is a disease that reduces or blocks the body's ability to produce insulin which is a hormone that controls the amount of sugar in the blood. Type 1 diabetes is an unpreventable autoimmune disease, however, Type 2 diabetes is a largely preventable disease if early actions are taken to reverse the effects. Type 2 diabetes, which accounts for the majority of diabetes diagnoses (90-95%), is most prevalent in individuals who are obese, physically inactive, smoke, or have a pre-existing history of diabetes in the family. The poor health patterns of obesity, lack of physical activity, and smoking habits are risk factors that lead to diabetes. The fact that having an existing history of diabetes increases an individual's risk of developing this disease shows that diabetes can be hereditary. With 9% of the American population currently diagnosed with diabetes, the hereditary factor of diabetes poses the risk of an increased occurrence of diabetes in the future since diabetic parents cause their children to be more susceptible to developing this disease (Berry, 2019).

On a global scale, America is especially affected by poor health when compared to other similarly developed nations. America is ranked as the most obese country when comparing it to other Organization for Economic Cooperation and Development (OECD) countries (Global Obesity, 2016). America ranking first out of 34 similarly developed

nations shows that America has a clear obesity problem. For all OECD countries, cardiovascular disease remains one of the highest causes of mortality, and America leads with the third-highest rate of cardiovascular disease mortalities with 257 deaths per 100,000 people (Sawyer and McDermott, 2019). Because heart disease is the number one cause of death in all OECD countries, America ranking third in heart disease mortality rates shows just how serious this global problem is in the U.S. When comparing diabetes to other OECD countries, America has 37 diabetes-related mortality instances per 100,000 individuals. This makes America the second-highest country in the OECD in mortality rates due to diabetes (Sawyer and McDermott, 2019). Annually, the U.S. spends $190 billion on obesity-related costs, $200 billion on cardiovascular disease cost, and $327 billion on diabetes treatment costs. Overall, America spends $3.5 trillion annually on health care with over $617 billion due to preventable poor-health illnesses (National League, n.d). This amount is more than what every other developed nation spends on healthcare costs, yet America continues to have the highest instances of poor health diagnosis and mortality. With 17.6% of health care costs being spent treating preventable illnesses, wellness centers, such as the James C. Kennedy Wellness Center, have a strong potential to combat preventable diseases such as obesity, heart disease, and diabetes. These centers would not only improve the quality of life for millions of citizens but would also save America billions of dollars in healthcare costs.

When comparing different states within America, the state of Mississippi is located within the South which is notorious as a region with the poorest health in the nation. There are seventeen states classified as the Southern States according to the U.S. Census Bureau which include: Texas, Oklahoma, Arkansas, Louisiana, Mississippi,

Alabama, Tennessee, Kentucky, West Virginia, Maryland, Delaware, Virginia, North Carolina, South Carolina, Georgia, and Florida. There is a consistent trend for these Southern States to be ranked in the bottom quarter when compared to the health and wellness rates of other states in the nation. At the heart of the South, Mississippi ranks very low in overall health and wellness of citizens with obesity, cardiovascular disease, and diabetes arising as topics that are especially concerning in Mississippi (Maddock and Dean, 2019). According to the CDC, both Mississippi adults and children are more obese than America's national average with data classifying approximately 37.3% of Mississippi's adults as obese. This means that Mississippi has an obesity rate that is 6% above the national U.S. average of 31.3% which puts Mississippi as the second most obese state in the nation. The severity of the obesity epidemic in Mississippi can be further analyzed by looking at previous years to understand the overarching increasing trend of obesity occurrences. In 2015 obesity rates were 35.5%, 35.6% in 2016, and 37.3% in 2017 which shows a trend that Mississippi is getting more obese as the years progress (America's Health Rankings, 2019). When examining childhood obesity rates in Mississippi, the statistics are just as severe as the adult obesity epidemic. Mississippi is ranked as the state with the highest childhood obesity rate in the nation with 25.4% of Mississippi children ages 10-17 years old classified as obese (State Briefs, n.d). This is a problem because childhood obesity rates foreshadow a population's adult obesity rate in the upcoming years. This means that if the childhood obesity rate is not lowered, there will be a greater percentage of obese adults in the already severely obese state of Mississippi. In conclusion, Mississippi leads the nation in the prevalence of poor health

and wellness with extremely concerning rates of obesity, cardiovascular disease, and diabetes.

Within the state of Mississippi lies Tallahatchie County, a county with a population of 2,193 citizens according to the U.S. Decennial Census. The citizens of this county have a median income of $22,833 which is roughly half as much as the median household income of Mississippi which is $41,754 (Charleston, 2018). The demographics of this area show a population of 73% African American, 26% Caucasian, and 1% other with 43.5% of citizens being male and 56.5% being female (Charleston, 2018). Additionally, the education rate in Tallahatchie County is below average with only 70.5% of individuals holding a high school degree or higher, 11.6% of individuals with a bachelor's degree or higher, and 6.2% of individuals with a graduate degree or higher. The rural Tallahatchie County is plagued by poor health in the form of obesity, alcoholism, smoking, and diabetes along with the additional problems of poverty and a lack of education (Charleston, 2018). All of these factors combined make Tallahatchie County an ideal location to not only study the effects of an institutional wellness center on a community but also to change the trend of poor health in this county in a positive manner. According to the Robert Wood Johnson Foundation program, Tallahatchie County currently ranks 60th out of 82 for the overall health outcomes and quality of life of citizens and 64th out of 82 for health factors that measure available resources citizens have to improve their health and wellness. Tallahatchie County ranks in the bottom quartile of all counties in the state of Mississippi in the topics of quality of life, healthy behaviors, and social & economic factors. Additionally, there are an estimated 12,498 years of life lost in this county due to premature deaths caused by the consequences of

poor health. Tallahatchie County is one of the unhealthiest counties located in Mississippi which is also plagued with poor health when compared to other states (Robert Wood Johnson Foundation, 2019).

Tallahatchie County is significant because the James C. Kennedy Wellness Center serves the citizens of this County. Poor health in Tallahatchie County caught the attention of individuals at the University of Mississippi, who then completed an assessment of Tallahatchie County in 2012. At this time, the county ranked 81st out of 82 counties in Mississippi in terms of overall health status and had the highest rates of obesity, diabetes, and heart disease in the state (Woodyard, 2013). The assessment highlighted many health deficiencies in the community and consequently caught the attention of James "Jim" Kennedy who then went on to partially fund the James C. Kennedy Wellness Center. The James C. Kennedy Wellness Center was built in 2015 and is an organization that works in conjunction with the Tallahatchie General Hospital (TGH). This center promotes health and wellness in the community by not only providing a modern, well-equipped fitness center but also focusing on institutional change within the community through additional programs. These programs include physical therapy, occupational therapy, lymphedema treatments, intensive outpatient psychotherapy (IOP), personal training, massage therapy, nutritional education, group fitness, diabetes education, seasonal health challenges/programs, and a Food as Medicine program that provides fresh produce to people in need of healthy food.

Institutional theory will be used to measure the relationship the Wellness Center has on the Tallahatchie community. This theory shows how institutions are able to influence the actions of individuals through terms such as standard rules, assumed rules,

social norms, or cultural belief systems (Fuenfschilling and Truffer, 2014). In this thesis, the institution is overall community health and wellness and the individual actor is the Wellness Center. A mixture of both old and new institutional theory will be used to show how the relationship between community health and wellness has been changed through the introduction of the Wellness Center to Tallahatchie County. Further analysis of institutional theory will be discussed in chapter two.

The purpose of this thesis is to analyze and evaluate the relationship between the impact of the James C. Kennedy Wellness Center on the health and wellness of the citizens of Tallahatchie County, Mississippi. First, I will analyze the history, evolution, and relevance of institutional theory. Second, I will outline the methodology used in this thesis including case studies, interviews, site observations, and document analysis. Third, I will report the findings from the data. Finally, I will end the thesis with recommendations on improving the impact capacity of the James C. Kennedy Wellness Center.

CHAPTER TWO

INSTITUTIONAL THEORY

Institutional theory explains how institutions are able to evolve the behaviors in an organization through principles such as rules, norms, assumptions, or cultural belief systems (Fuenfschilling and Truffer, 2014). The core concept of institutional theory attempts to understand how social structures and processes develop meaning and stability in institutions (Suddaby, 2010). However, before institutional theory can be understood, the term institution must be defined. An institution is an enterprise with long-running interests that is sensitive to structure, authority, and change (Selznick, 1996).

Institutions have had numerous definitions throughout the theory's history, with early definitions referring to institutions as organized and established procedures. These organized and established procedures then morphed into social regulations that influenced social order (Lepsius, 2016; pg. 2). This definition further evolved in 1991 when theorist Jepperson added rewards and sanctions as tools that regulate social procedures and institutions. The definition of institutions changed again when Meyer and Rowan defined institutions as subconscious scripts that individuals unconsciously follow which have the ability to influence the behavior of individuals. Following this definition, March and Olsen in 1996 described institutions as the collective actions of individuals with shared goals and practices (Lepsius, 2016). Guy Peters in 2000, defined an institution as "A formal or informal, structural, societal or political phenomenon that transcends the individual level, that is based on more or less common values, has a

certain degree of stability and influences behavior" (Vandenabeele, 2007). Peters' definition shifted the focus to the stability of an institution as a reason for institutional change.

Other definitions focused more on the processes institutions use to influence individual action. These definitions focused more on the 'why' aspect of the definition of institutions. Some theories stated that institutions do not affect social action, but instead provide a context for actions to take place (Lepsius, 2016). DiMaggio and Powell define institutions as the object that establishes vague criteria in which individuals are free to choose based on their own preferential actions. All of the above-mentioned theorists were instrumental in the evolution of this theory which shapes the way we view and understand institutional theory in the present day (Lepsius, 2016).

Since the mid-nineteenth century, institutional theory has been continually evolving which produced a long and complex history of changes (Scott, 2008). Starting from the 1920-30s when old institutional theory was at its peak (Hodgson, 1989), old institutional theory describes the broader systems of meaning and structures in response to a change in the social or material environment (Meyer, 2010). Old institutional theory is concerned with how individuals organize themselves, and how a stable social structure is created. In other words, old institutional theory is interested in the patterns or groups of which individuals are a part of (Meyer, 2010). A central point of old institutionalism is using institutional values to understand the organizational pattern of an institution (Townley, 2002). Old institutionalism saw organizations in their entirety with a focus on the state or governments whereas new institutional theory focuses more on the cognitive processes of an individual (Currie, 2011). Although some theorists prefer the old

institutional theory, this theory currently has less use in modern research as it has been overtaken by new institutional theory; however, old institutional theory is still helpful in understanding the social structures of non-modern societies such as in anthropology research (Meyer, 2010). A shortcoming of old institutional theory is that it focuses on internal structures, and does not explain the institutionalization cycle. Institutionalization is the process of an institution attaining a more stable and durable state, and deinstitutionalization is the reverse of institutionalization. This means that deinstitutionalization represents the process of an institution losing legitimacy of an established institutionalized organization practice. The continuous process of institutionalization and deinstitutionalization describes the term institutionalization cycle which explains how institutions change and evolve over time (Currie, 2011). These important core concepts are further introduced and developed in new institutional theory.

In 1977, a group of individuals, predominantly consisting of Zucker, Meyer, and Rowan, created neo-institutional theory which can be used interchangeably with the term new institutional theory (Scott, 2008). Zucker was the first to describe the role authority plays in institutions which marks the first big step away from old institutional theory. Zucker stated that actors use their environment to bring about meaning to the events around them (Suddaby, 2010). The central focus of Zucker was to use culture to explain how individuals respond and react to their environment. Zucker coined three aspects of cultural influence which are generational uniformity of cultural understanding, maintenance of these understandings, and resistance to change of these understandings (Currie, 2011). Next, Mayer and Rowan added that institutions react rationally to only a few environmental activities and not to all (Suddaby, 2010). The central argument of

Mayer and Rowan was that formal organizational structures were reflections of rationalized myths and rules (Currie, 2011). Then in 1983, DiMaggio and Powell added the third influential change in old institutional theory by introducing the terms isomorphism and decoupling which suggests that institutions mimic their environment as the method for change (Suddaby, 2010). The central question DiMaggio and Powell was trying to solve was why institutions were all so similar (Currie, 2011). These new theories focus more on the thought processes and cultural reasons for the explanations for an institution's actions (Selznick, 1996). New institutional theory also focuses more on the outcomes and products of institutional influences on organizations which often shifts the scope to an external focus whereas old institutional theory is more internally focused (Suddaby, 2010). Although these two theories have different focuses, the definition of an institution remains the same in both theories (Selznick, 1996). According to Meyer, new institutional theory is a continuous conflict between, his coined term, 'actors' and institutions. Actors are separate from ordinary citizens in that they have clearer boundaries, a standard source of resources, greater access to technology, and a strong internal control system (Meyer, 2010). This means that an actor has greater influence and control over their destiny, and is more likely than ordinary citizens to have the ability to influence institutions. Since actors and institutions are adapting to each other through conflict, new institutional theory also states that institutions can impact other institutions as well. When there are elements of uncertainty in an institution, that institution will often look at other more successful institutions as models for their structures. This term is called mimesis which introduces isomorphism, a core term in new institutional theory (Meyer, 2010 and Kostova, Roth, and Dacin, 2008). Additionally, the three isomorphism

terms coercive, normative, and mimetic were used to further explain the difference between old and new institutionalism theory. Coercive isomorphism is a process resulting from organizations having both formal and informal pressures exerted on them due to large and powerful entities such as the federal or state government. These powerful entities shape the cultural expectations in the institution's environment. Normative isomorphism results from pressures of professionalization which is defined collectively by the members of an institution to describe the conditions and methods of the institution. The final term, mimetic isomorphism, results from uncertainties within the institution. This happens when organization is lacking, goals are ambiguous, technology is not understood, or when the environment is undefined. Mimetic isomorphism seeks to resolve uncertainty by adapting to the format of another more successful institution (Currie, 2011). Some shortcomings of new institutional theory are that this theory has become increasingly vague about its boundaries which causes confusion as to what the goal of this theory is. The rapid growth of new institutional theory has created an increasingly vague meaning even of what an institution is with a source calling new institutional theory as trying to be 'everything, yet meaning nothing,' (Alvesson & Spicer, 2019; pg.200).

Institutional theory uses factors such as distinct forms, processes, strategies, outlooks, beliefs, codes, cultures, and competencies to find patterns of organizational interactions and adaptations (Selznick, 1996 and Vandenabeele, 2007). Another term for this grouping of factors is called the logic of appropriateness which was coined by March and Olsen and refers to the institutionalization of identities and beliefs (Vandenabeele, 2007). Currently, Institutional theory has a strong prominence in the field of political

science, and is used to understand how political actors can use institutions to define their interests. Institutional theory can be used to understand how the social actions of groups of individuals are structured, and how these groups hold members accountable for their behaviors (Lepsius, 2016). Additionally, this theory can improve the operations of an institution, and also evaluate rules that guide the norms in an institution (Fuenfschilling and Truffer, 2014 pg.774).

Institutional theory has several key concepts that give a more comprehensive understanding of this theory. An important aspect in explaining institutional theory is the composition of the three institutional theory pillars: regulatory, normative, cognitive (Vandenabeele, 2007). Theorists who use this pillar are focused on the prominence that rule-setting, monitoring, and sanctions have on an individual's actions. This pillar involves an institution's capacity to establish rules, enforce the rules, and influence behavior with sanctions (Scott, 2013). An example of a regulatory pillar institutional theory method will be further explained in the case study below of a Chicago-area school center. The pillar of normative is associated with the logic of appropriateness (Townley, 2002). The theorists that view institutional theory with a normative outlook focus on values and norms. Values are a standard that has been constructed by individuals of an existing structure that is used to assess an individual's behavior, whereas norms are rules that introduce an obligatory aspect into an individual's social interactions. In other words, the normative pillar of institutional theory is associated with the 'logic of appropriateness' or the ways in which an individual's actions are shaped through the use of rules, laws, and regulations. The normative pillar is used oftentimes in sociology studies that examine the roles between social classes, communities, or family dynamics

(Scott, 2013). The cultural-cognitive pillar is associated with thought processes and has factors of both the regulatory and normative pillars (Townley, 2002). The cognitive pillar is a defining characteristic of new institutional theory, and most theorists that use this pillar are new institutionalists. This pillar looks at the symbolic process, an organization's culture and pattern of beliefs to examine how shared assumptions and ideologies shape individuals' beliefs. This pillar also has factors of both the regulatory and normative pillars as core factors in the cultural-cognitive pillar as well (Scott, 2013).

Finally, there is a developing fourth pillar of habitual dispositions, but it is not as widely discussed as the main three pillars. Proposed by Gronow in 2008, this pillar states that habitual disposition is another important basis for institutions. This pillar suggests that habitual dispositions are related to an individual's actions in a repeated stable context. The stability and repetition of these actions result in 'muscle memory' or the occurrence of a minimal thought process involved in actions. Gronow suggests that there is reason and conscious choice in performing these habitualized actions, and therefore, there should be a fourth pillar to include these actions. However, other theorists do not agree that there is a full conscious cognitive process, so the pillar of habitual dispositions is not universally recognized like the other three pillars are (Scott, 2013).

Another term that is central to institutional theory is identity which constitutes the element of 'self' in an institution. The three interpretations of identities include role-identity which describes an individual seeing themselves performing a role, social identity which is the feeling of belonging in a group, and personal identity which is seeing oneself as different from a group (Vandenabeele, 2007). These elements of identity are important in institutional theory because based on Albert and Whetten,

identity is the foundation of how meaning is constructed. This means that identity can produce a shift in the actions of individuals (Vandenabeele, 2007). Institutional change is the overarching theme of institutional theory which means that the ways in which an institution is changing is the core concept in every interpretation of institutional theory.

Although there has been a shift in current research to new institutional theory, there are some theories that believe old institutional theory to be superior. Scott uses phrases such as "brash new theoretical perspective invaded organizational sociology," and " unfortunate intellectual baggage that has been difficult to discard," to describe new institutional theory and the effects this theory has had on old institutional theory (Scott, 2008; pg. 427-238). Scott prefers the "importance of wider institutional orders- e.g., the economy, state, kinship system, religion,- and the variance in structures and logics governing these realms- that offer competing for interpretations of and solutions for problems encountered in a given situation, providing an impetus for field conflict and change," (Scott, 2008; pg. 430). This means that some theories believe that the broader approach to understanding institutions is more significant to understand the larger societal contexts in institutions (Scott, 2008). Since new institutional theory depends on the conflict of outside actors with the institution, Scott draws attention to the fact that not all institutions change externally through actors but can start internally as well. Since old institutional theory takes a wider scope approach, internal change can be better described with old institutional theory (Scott, 2008). Although old institutionalists can see the value in new institutional theory, there is warning the new institutional thoery over assumes the conflict that shapes an institution's actions (Hodgson, 1989). Hodgson, another old institutionalist, describes new institutionalism as a theory that references other models of

individual behavior instead of coming up with new ideas. This adoption of standard differs from Hodgson's preferred old institutional theory because old institutional theory "recognizes the gravity of information problems in real-world decision making, and the eschewing of equilibrating models of the economic process," (Hodgson, 1989; pg.253).

Suddaby critiques new institutional theory by stating that new institutional theory goes beyond the core purpose of institutional theory. Suddaby states, "Our obsession with, and simultaneous trivialization of, institutional change has occurred as elements of contingency theory and change theory were repackaged as neo-institutional… the enthusiastic stampeded to a hyper muscular view of institutional entrepreneurship has, just like the prior stampede to identify examples of isomorphism, caused theorists to overlook the central points of the institutional hypothesis- that is, understanding how and why organization attend, and attach meaning, to some elements of their institutional environments and not others," (Suddaby, 2010). This means Suddaby suggests new institutional theory oversteps the objectives of original institutional theory, and supports this by suggesting that new institutional theory muddles other pre-existing theories such as the contingency theory and the change theory (Suddaby, 2010).

Most modern researchers have adapted to the use of new institutional theory. New institutional theory has been used in many disciplines such as ecology, economics, political science, sociology, and history (Currie, 2011). Since 2010, new institutional theory has been dominating the field with 126 out of 1,399 journal articles on organizational studies using new institutional theory (Alvesson & Spicer, 2019). Currie states, the concept of an organizational field is now well established in institutional theory and extends beyond the notion of an organization as a single entity… the structure

of the organization field must be defined on the basis of empirical investigation and cannot be determined a priority," (Currie, 2011; pg. 143). This means that whereas old institutional theory examined the internal relationship between institutions, new institutional theory looks at the interactions of factors from external institutions. Currie states that a 'single entity' cannot be the sole determinant, so the new institutional theory's aspect of interactions between institutions is the better theory in this situation. New institutional theory offers an important link between individual organizations, the broader field, and the societal environment. These factors are lacking in old institutional theory, so this new field of study is a necessary addition in institutional theory (Alvesson & Spicer, 2019).

Lastly, there are some theorists that suggest the combination of both old and new institutional theory as the best method for analyzing an institution. Selznick says, "Most important, perhaps, is a failure to integrate the old and the new by taking full account of theoretical and empirical continuities. This outcome is exacerbated when theorists of the new institutionalism embrace potentially pernicious dichotomies… we cannot be satisfied with a new idiom, or a new way of thinking, if it fails to take account of contexts and variations," (Selznick, 1996; pg 275-276). Selznick considers using just one theory to analyze an institution as a 'failure,' and strongly suggests the combined use of both the new and the old theories. Selznick later goes on to point out that organizational forms, structural components, norms, values, scrips, and rules should all be used to analyze an institution, and all of these characteristics are a part of both theories. This shows how using a single theory would miss half the information, and would result in a 'failure.' (Selznick, 1996). Theorist Vandenabeele states, "However, the arrival of the new

institutionalism was not the beginning of a new paradigm. Instead, it was more a shift in focus, as the differences between old and new institutionalism are no greater than the differences between the various theories within the old or the new institution are, (Vandenabeele, 2007; pg. 548). With this statement, Vandenabeele expresses the slight differences between old and new institutionalism, and how these minute details do not contribute a significant enough difference for the justification of two separate theories of institutionalism. Instead, Vandenabeele only recognizes one institutional theory that is founded in old institutionalism with additional neo-institutional modifications.

A case study that can be used to demonstrate the combined use of both old and new institutional theory is the report on pedagogical approaches in the Chicago-area that took place in 2017. This study used a mix of both institutional theories to understand how professional norms and regulatory standards were associated with instructional styles and school curriculum (Gordon, Sosinky, & Colaner, 2019). The goal of this study was to examine if instruction in early childhood classrooms had any relation to a child's development later on in their life. Institutional theory played a role in this study since it aided in assessing how institutional environments would be related to cultural-cognitive processes of teaching in the Chicago-area centers serving three and four-year-old children. This study hypothesized that the amount of support center directors provided to teachers would impact the instructional styles and curriculum of the center. In other words, the greater the amount of support teachers had, the better the instructional styles and curriculum of the center. In this situation the environmental factor, the presence of a director, could have an impact on the institution of education. This situation would fall under the old institutional theory approach because of the environmental factor in the

presence of an internal director. This would mean that the institution is evolving due to the presence of an organized stable structure which is a core concept of old institutional theory. The other hypothesis that this study was evaluating is how exposure to regulatory standards would affect the curricular approach. In this study regulatory standards are established rules and policies that have associated rewards and sanctions that are enforced by legislative or executive agencies of the government. This hypothesis depends on new institutional theory because it is researching how the external factor of standard regulation has the influence to affect curriculum which can be considered a part of the education institution. The factor of legislative or executive agencies of the government represents external influences that have the capability of changing an institution (Currie, 2011).

This chapter defined institutions, institutional theory, as well as further explaining the ideas of prominent institutional theorists. A case study was included to demonstrate literature that used institutional theory in their research. Institutional theory is used in this thesis to understand and measure the relationship between the Wellness Center and the community citizens. By viewing overall community health and wellness as an institution, this thesis researches how the Wellness Center, as an external actor, has influenced the institution of public health and wellness. This thesis uses a mixture of both old and new institutional theory to most fully understand the effect the Wellness Center has made on the community. Old institutional theory is used in this thesis by analyzing the internal structure of the Wellness Center; New institutional theory is used by researching environmental and cultural changes to the Tallahatchie community. Next, the

methodology chapter will detail the research process of measuring the impact the Kennedy Wellness Center has on the Tallahatchie community.

CHAPTER THREE

METHODS AND RESEARCH DESIGN

The research methodology for this project used a mixed-method design structure in the form of interviews and data analysis to explore the relationship between the James C. Kennedy Wellness Center and public health. The overall goal of this thesis was to evaluate the capacity the Kennedy Center has to impact Tallahatchie County's public health. The design of this thesis focused on three objectives: to examine the background and design of the Wellness Center, to examine the program capacity of the Center, and to examine the organization's impact on health and wellness in the Tallahatchie community. Additionally, all research activity performed in this thesis was approved by the Institutional Review Board (IRB).

The first objective, to examine the design of the James C. Kennedy Wellness Center, was conducted through a series of semi-structured interviews with the director of the Center, Dr. Catherine Woodyard, and the assistant director of the Center, Jennifer Taylor. Woodyard has played an integral role in the Center's operations since the beginning of the Center's formation and provided an immense source of knowledge on the design of the Wellness Center. Taylor was also knowledgeable in the design of the Center and added new perspectives due to her previous medical training as a nurse. In these semi-structured interviews, questions included, why the James C. Kennedy Wellness Center was built, what the operation costs of this center are, and how the mission of this institution was upheld. Through the use of interviews, a descriptive

analysis was developed which provided a narrative of the design of the Center, so that additional research and actions can be built off of this analysis. A complete interview protocol can be found in Appendix A.

The second objective was to examine the program capacity of the Wellness Center. This was completed through a series of actions starting with a full evaluation of the Center's programs. For each program, an interview was conducted with the program's director to understand the program to a further degree. A description of each program was written to compare the various programs. A complete protocol for the Center's program evaluation can be found in Appendix B.

The third objective was to examine the Kennedy Center's impact on the Tallahatchie County community members. This was conducted by interviewing the program's participants. Next, using a snowball method, I interviewed program participants to determine the impacts of the Wellness Center. These interviews followed a semi-structured approach to understand the impact the Center has had on individual community members. These interviews took place either in person at the Wellness Center, through email directly with the patients, or through phone calls with the patients. To interpret data from the interviews, a full transcription of each interview was completed. Following the transcriptions, an analysis of the interviews was completed to evaluate the comprehensive impact the center has made on health and wellness in the community. A comprehensive interview protocol can be found in Appendix C.

The popular data collection method of interviews has a variety of uses and benefits; however, it is important to discuss and acknowledge the shortcomings of the interview method. The accurate nature of face-to-face interviews is a benefit to this style

of data collection. This is because the interviewer is getting information directly from the source, and there is no opportunity for the themes of the participant's message to become interpreted incorrectly. Also, since the interviews used in this thesis were conducted face-to-face, interviewers were able to capture and interpret both important non-verbal and verbal cues. Interviews have an advantage over methods such as surveys conducted over the internet or through data analysis because during interviews additional questions are able to be asked to participants. Interviewers can also direct the interview in a manner that further encourages the research goal. Some shortcomings to this method are that interviews can become both time-consuming and costly. To perform interviews for this thesis, interviewers had to travel 104 miles round trip for every visit to the Kennedy Wellness Center. This meant that two unproductive hours were dedicated to transportation each trip, which increased the cost of travel. Also since interviews can be time-consuming, fewer participants could be interviewed which limited the sample size of the research study. Another shortcoming is that after the completion of an interview, a transcription of the interview from speech into text was completed which was time-consuming (DeFranzo, 2019). Despite the shortcomings, interviews were chosen as the best method for this thesis due to its accuracy and ability to personally understand the ways in which the Kennedy Wellness Center has impacted the lives of patients.

CHAPTER FOUR

FINDINGS

Part I: James C. Kennedy Wellness Center

Before the Kennedy Wellness Center, Tallahatchie County was ranked 81st out of 82 counties in the state of Mississippi for poor health. This county had the highest rates of obesity, diabetes, cardiovascular disease, sexually transmitted infections (STI), and teenage pregnancy occurrences in the state of Mississippi (Woodyard, 2013). Additionally, factors such as limited access to healthy foods and little health education added to the poor health crisis that Tallahatchie County Mississippi is facing (Woodyard, 2013). These poor health statistics caught the attention of philanthropist James C. Kennedy who gathered a team to research the needs of the Tallahatchie community to help alleviate the health problems in this area (Wellness Center, n.d.). James C. Kennedy is a businessman who is the current chair of Cox Enterprises. Cox Enterprises is a media conglomerate with a revenue of $21 billion whose major subsidiaries are Cox Communications, Cox Automotive, and Cox Media Group. Cox Enterprises has brands in cable, newspapers, radio stations, television, and car auctions. In addition to being a successful businessman, Kennedy is also a philanthropist who created the Kennedy Scholarship Fund, which annually rewards ten students with a $40,000 scholarship, and the James C. Kennedy Institute for Educational Success in the Morgridge College of Education, which was a ten million dollar gift to the University of Denver to promote educational success to vulnerable children. Kennedy also has an interest in conservation

shown by creating the James C. Kennedy Endowed Chair in Waterfowl and Wetlands Conservation at three universities: Mississippi State University, Clemson University, and Colorado State University (Corporate Leadership, n.d.). Since Kennedy owns land in Tallahatchie County, he frequently visits Charleston due to his hobby of duck hunting which gives him personal ties to Charleston, MS (H. Hoang, personal communication, February 7, 2020).

Kennedy met with Jim Blackwood, the chief executive officer (CEO) of Tallahatchie General Hospital, and with Blackwood's understanding of the community, the two started a partnership to improve the health of the Tallahatchie community. Blackwood formerly practiced law before becoming CEO of TGH and is respected in the Tallahatchie Community. In his role as CEO, Blackwood has created over 200 new jobs for the community, and the employees of TGH have created a scholarship endowment in Blackwood's name (Blackwood Endowment, 2017). Around the same time, Kennedy and Blackwood met Dr. Catherine Woodward-Moring, who at the time was a graduate student working on her dissertation at the University of Mississippi. Her dissertation consisted of a needs assessment on Charleston, MS which is one of the county seats in Tallahatchie County. Woodward-Moring's needs assessment of Charleston was a community based participatory study which researched both individual and community health. To complete this assessment, Moring interviewed 11 key informants to get a better sense of the Tallahatchie community and to identify key health issue themes. The second part of the study used five focus groups consisting of residents of the community. The purpose of the focus groups was to study community health in a group setting and also to build relationships with community members in a collaborative setting. The third,

fourth, and fifth parts of the assessment involved an assessment of environment and policy (Woodyard, 2013). This assessment worked to develop a plan for the implementation of programs to improve the health and quality of life for community members and came to the conclusion that the Wellness Center needed to focus on heart disease, chronic diseases, obesity, and healthy eating education (H. Hoang, personal communication, February 7, 2020).

Next, Blackwood reached out to Dr. Catherine Woodyard-Moring to establish an additional relationship of individuals wanting to achieve a similar goal of improving public community health. With Kennedy, Blackwood, and Moring working together, the idea of the James C. Kennedy Wellness Center was created. Coming up with a comprehensive plan to bring the idea of the wellness center into reality took several years and included many steps. Based on Moring's community needs assessment, the focus of this Center needed to be on the education of how to become healthier and the prevention and navigation of chronic diseases. With these goals in mind, a grant was written in 2012 to the Kennedy Foundation. In May of 2013, Moring was notified that she had been awarded the $4,200,000 grant and took one year to meet with a team of architects and a contractor to produce a building plan for the Wellness Center. Construction for the Center began in 2014, and the doors opened for community members in January of 2016. Throughout the building process, several challenges arose such as a delay in construction due to extreme weather conditions, construction costs going over budget, and the center receiving criticism from a small minority of citizens. However, once the Center opened, there was an immediate rush of over one thousand individuals who signed up to be members (H. Hoang, personal communication, February 7, 2020).

Currently, the Kennedy Center has over 600 members, ten total employees with four of them being full time, and eight programs. The annual operating costs of the Center are $500,000 which includes administrative fees and building expenses. The Center makes a revenue of $140,000 a year through membership fees which leaves a shortage of $360,000. To make up for these costs, so that membership fees can remain as low as possible for members, the Center receives additional funding from the TGH, the TGH Medical Foundation, and the Kennedy Foundation (H. Hoang, personal communication, February 7, 2020). Revenue comes from monthly membership fees which are $30 per individual. The TGH contributes to the Wellness Center by providing the landscape maintenance crew as well as providing the maintenance and custodial staff. Additionally, the TGH will also cover large maintenance funds such as elevator service costs. The Kennedy Foundation contributes to the Center by providing funding for salary, programming, travel, and fringe benefits (H. Hoang, personal communication, February 7, 2020).

The Kennedy Wellness Center has ten staff members. This includes Dr. Catherine Moring who is a board-certified diabetes care and education specialist, a licensed dietitian, and a health education specialist. Moring has been a part of the Center since the beginning and now serves as the Executive Director. Jennifer Taylor is a registered nurse, certified personal trainer, health coach, and certified in diabetes care and education specialist who serves as the Center's assistant director. There are four employees who are certified personal trainers or group fitness instructors at the Center who each specialize in topics such as yoga, weights, or child health conditioning. An additional two employees work as wellness assistants where they deal with duties regarding membership

help, facility needs, billing issues, along with working the front desk. There is also a manager of the wellness garden that is owned by the Wellness Center. This person directs a program that grows fresh produce for members. Additionally, the Center has a consulting dietitian who oversees the nutritional aspects of the educational programs (Wellness Center, n.d.).

The mission of the Center is to "empower our community and members to lead healthy and happy lives by teaching them about wellness, nutrition, exercise, and self-care. We view Wellness as a journey, rather than a destination. So whether you're looking to move around a bit more, socialize, learn new healthy eating habits or make a lifestyle change, we are here to help", and the Center provides programs that Blackwood and Moring hand-picked based on focus groups with community stakeholders and citizens to have the most impact based on the needs of the community. The Kennedy Center has diabetes management and prevention programs, nutrition and wellness programs, and seasonal health programs as well as resources such as health coaching, nutrition counseling, diabetes education, massage therapy, personal training, chronic disease management, outpatient therapies, weight loss and weight management, adolescent strength and conditioning, and lymphedema treatment. The Center also has facility features such as a wellness garden, meditation garden, group fitness classes, indoor walking track, free weights, machine weights, cardio equipment, lockers and showers, a playground, and a 1.25-mile outdoor walking path.

Part II: Programs

There are various programs at the Wellness Center that each caters to different individuals, but overall have the common goal of improving community health. These

programs occur in select months throughout the year, and each has unique goals. The programs section will summarize each program provided by the James C. Kennedy Wellness Center. Program information such as the name, director, goal, and length of the program will be listed. Programs will be evaluated based on the number of participants, services provided, participant results, and cost of the program. A detailed rubric of evaluation for each program can be found in Appendix D.

The first program is the Redefine program. The goal of this program, which is directed by Dr. Moring, is to encourage participants to start off the New Year with a positive mindset in order to achieve their fitness New Year resolutions. Redefine attracts a diverse group of participants ranging from teenagers to participants 80+ in age. This program is also evenly distributed in the gender/race of participants and has an average of 100 participants. This twelve-week program runs annually from January to March and provides comprehensive health education through personal training and exercises meant to increase fitness, strength, and stamina. Redefine also provides participants with dietary and lifestyle information on healthy recipes, intermittent fasting, time-restricted eating, insulin resistance, inflammation, sleep, and stress. Classes occur weekly either online or in-person at the Wellness Center. On the first day of the program, participants complete a baseline weigh-in along with blood pressure measurements and lab work. Participants have routine checkups throughout the duration of the program so that results are monitored throughout the three months. In March on the last day of the program, participants hold a celebration dinner with awards given to participants with the greatest health improvements. The results of the Redefine program are an average loss of 10 pounds for all participants. There are also improvements in blood pressure, cholesterol,

blood sugar, and overall knowledge of diet and exercise in participants. Strengths of this program include the accessibility of completing the course and the long-lasting impact this program has on participants. Weaknesses are that it costs the Center $10,000 to support and that participants are not as excited for the program as they were in 2012 during the establishment of the program which causes a decline in the number of paricipants. Additional information on the Redefine program such as promotional material used at the center and Redefine weekly topics will be included in Appendix E.

The second program is Fit for Summer. The goal of this program, which is directed by Jennifer Taylor, is to challenge members to stay active during the summer months. Participation for this program is around 50 individuals ranging from 16-80+ years old. Fit for Summer is an eight-week program that provides weekly educational tips on how fitness, health or wellness can be improved. Each week the educational tip is placed in the Center's lobby and Facebook so that participants can easily access tips such as workouts, how to stay hydrated, and more. Additionally, Taylor provides four group fitness classes a week for participants to attend. On the first day of the program, participants complete waist circumference and weight measurements. These measurements are performed again upon completion of the program, and the top five individuals with the most waist circumference and weight loss will win a prize worth approximately $100. This program costs each participant $10 for the duration of the eight-week program. The results of the Fit for Summer program is 5-20 pounds lost in the short eight week period and an average of 1.2 inches lost from waist circumference. The strength of this program is that it brings participants together which provides a social

support group. Participants expressed that the connections made during the program continue to motivate their fitness goals after the completion of the program.

The third program is Fall Back into Fitness. This program was established to discourage the idea of dieting as the only way to lose weight, and instead focus more on physical activity for weight loss. The director of this program is Stephanie Strider who emphasizes, “If you do the activity the results will come.” The Fall Back into Fitness program has 82 male and female participants ranging from 18-77 years of age. This eight-week program occurs from September through October and provides a fitness regimen for participants to follow. Materials and routines are given to participants each week, and it is up to the participant to follow the routine. Each week upon completion of the routine, participants will return Strider so that they can be given the upcoming week’s routine and taught how to use the materials. Participants are weighted-in at the start of the program and weighted-out at the end of the eight weeks to determine results. At the end of the program, participants are invited to a celebration night which includes refreshments and prizes. The Fall Back into Fitness program resulted in an average of 2.2 pounds lost and 1.4 waist inches lost per participant. The most important result, however, was not the pounds lost but rather the increase in participants consistently continuing their health progress even after the program was over. Strengths of this program are that it allows participants to feel confident with equipment, free weights techniques, and creating their own lesson plans. This way the participant can become more independent in their fitness journey. A weakness of this program is that it is very tough to complete since it focuses heavily on physical activity. Due to the difficulty of the program and the

self-motivation needed, this program has a low completion rate with only 57 out of 82 initial participants completing the program.

The fourth program is Maintain Don't Gain. This program is directed by Jennifer Taylor and was created to motivate participants to stay active during the winter holiday season. This program attracts around 42 participants annually. Maintain Don't Gain is an eight-week program occurring from November through December. This program encourages participants through the use of weekly challenges, healthy holiday recipes, and various health and wellness tips. At the beginning of the program, participants completed a weigh-in. At the final weight-out, participants who were within two pounds of their original weight were given a prize hence the title, Maintain Don't Gain. This program was a $500 budget which is used to purchase the prizes given to participants at the final weigh-out. Since this program focuses on maintaining weight rather than losing weight, results were measured differently than other programs. For example, one successful participant remained the same weight throughout the program but stated that they would typically gain approximately ten pounds during the holiday season. The results of this program showed that it not only succeeded in aiding participants maintain their weight but 12 of the 42 participants enrolled actually lost weight throughout the difficult holiday season. This program is popular, and its strength is that it is attracting an increasing number of participants each year. A more detailed record of 2019's Maintain Doesn't Gain results is listed in appendix F.

The fifth program is Diabetes Solutions. The purpose of this program, which is directed by both Dr. Moring and Jennifer Taylor, is to prevent the onset of diabetes and to educate participants in diabetes management skills. This program is ultimately trying to

improve participant health outcomes and uses education, diet, and exercise to achieve program goals. Diabetes Solutions has an average of 40 participants annually who are divided into smaller groups of around ten individuals. Participants are mainly adults around 60-50 years of age, but the program is available to young adults as well. Diabetes Solutions is a six-week program that provides participants with a recipe book, toothbrushes, pillbox, and mirrors to check their feet, free membership during the duration of the program, and a program curriculum binder. The small groups meet two hours a week for six weeks, and individual counseling is available for participants if needed. At the start of the program, participants complete health screenings and lab work so that a baseline is established to track progress. Labs are routinely done throughout the program, and progress/results are discussed with participants during the individual counseling meetings with either Moring or Taylor. At the end of the six-week program, participants have a 0.3-0.5% reduction in A1C, average 5-7 pound weight loss, overall positive lifestyle improvements, and an increased knowledge of diabetes management. A complete list of results from this program can be found in Appendix G. In the past, participants who completed the program were given a $50 gift card to offset the initial $100 course fee. However, this is no longer being done due to the program's $25,000 budget being used to instead pay for health screenings, educational material, and employee pay. The strengths of this program are that it is extremely successful in teaching individuals with diabetes how to understand their disease and manage their symptoms. "We have people who have dropped their triglycerides 1000 points, people who have lost 40 pounds, people who have gotten their A1C from 10-6, reduced health care cost and reduced medication costs," says Dr. Moring while discussing the Diabetes

Solutions program. The main weakness of this program is the lack of participation from eligible Center members. The director of the program estimates around a thousand Wellness Center members diagnosed with diabetes who would benefit greatly from this program. To combat the lack of participation, a similar diabetes online program is currently being developed so that easier access can attract more participants.

The sixth program is Master Plan. This program was established so that the program directors, Moring and Taylor, could work one-on-one with individuals who have been referred by a physician due to a chronic health condition to understand and manage their condition. Common chronic conditions of participants in this program are diabetes, obesity, and heart disease. This program lasts all year and consists of weekly hour-long sessions between participants and program directors. Master Plan gets an average of 50 participants a year, and since meetings are on an individual basis, this program is time-consuming for program directors. Every six months the hospital also works with the participants of the program to get blood work done. The results of this program are improved health in participants, education in mediation costs, and an improved quality of life. Participant testimonials, including an instance where a participant was able to stop taking their medication due to the success of the program, will be listed in Appendix H. A strength of this program is the detailed and individualized approach to each participant, and a weakness of this program is that this program is time-consuming for the program directors.

The seventh program is Group Coaching of the Whole 30 diet. This program is directed by both Moring and Taylor and is a seminar-style class that provides information on the Whole 30 diet which is a thirty-day elimination diet that restricts dairy, sugar,

grains, and legumes. This program separates participants into small groups of similar diet goals. For example, the Whole 30 diet group has around 60 participants which were further divided into two small groups of 30 individuals. Groups meet for five weeks, and participants also utilize a private Facebook page so that group members can further discuss the program. During the in-person group meetings, participants learn about the influence diet has on health, inflammation, and auto-immune diseases. Participants are motivated to continue the Whole 30 diet with weekly challenges. At the beginning of the program, weight and lab work was done on participants to track progress, and at the end of the program, individuals who successfully complete the program will win a prize. Results of this program show an average 9 pound weight loss, 2.5 point reduction in triglyceride, 20 point reduction in cholesterol levels, 66% lower blood pressure, 70% lower blood sugar, approximately 3 inches lost from the waist, as well as many other positive quality of life benefits. A full list of results from this program is listed in Appendix I. Since this program has a total budget of $1000, it is relatively inexpensive to run which is a strength, but a weakness is that this program is time-consuming for the directors of the program.

The eighth and final program is the Garden Programs. This program is directed by Sassy Mauldin who grows fresh produce for members who are interested in consuming more vegetables. She also promotes pollinators for the Garden Programs by farming honey bees, and collecting honey where it is then sold to members of the Center (Wellness Center, n.d.). This program has 150 participants per year, and the goal of this program is to show participants how to cook inexpensively with fresh produce. Each week, participants are given a new recipe that uses fresh produce from the garden. Then,

participants have the opportunity to visit the garden to pick the produce. At the end of the program, participants are given a cookbook focused on recipes that are inexpensive and easy to make with lots of fresh produce. The strengths of this program are that it allows an interactive approach to gardening since participants pick the produce themselves and it also educates participants on how to cook healthy meals that are also inexpensive.

	Program Name	Director	Program Details
1.	Redefine	Moring	Fitness Based
2.	Fit for Summer	Taylor	Fitness Based
3.	Fall Back into Fitness	Strider	Fitness Based
4.	Maintain Don't Gain	Taylor	Fitness Based
5.	Diabetes Solutions	Moring and Taylor	Educational Based
6.	Master Plan	Moring and Taylor	Educational Based
7.	Group Coaching	Moring and Taylor	Educational Based
8.	Garden Programs	Mauldin	Educational Based

Part III: Community Interviews

Interviews were conducted with members of the Tallahatchie Community who have ties with the James C. Kennedy Wellness Center so that the Center's impact on the community could be better understood. A total of six participants were interviewed, and interviews were conducted either in an in-person or a phone interview format. The interviewees spoke about themes of social benefits the Center has provided, poverty and the lack of health education in the community, and a new and improved quality of life due to the Center. A complete transcript of interviews is provided in Appendix J.

The theme of improved social interactions in Tallahatchie County is significant because it was mentioned by five out of six interviewees. This theme was especially prominent in the Center members who are retired. Sevelda Taylor, who is a retired elementary school teacher said, "I retired in 2006, and my thing was, after I retire, what am I going to do every day?... Then the Center appeared… That meant I had something to do every day… I've found so many friendships since I've been here… They know my name and I know theirs because we come in every morning… It's just a place where, if you don't have a relationship with people, you can easily build one." Another member, Ben, spoke about his wife when he said, "So the Wellness Center and church is really all that she gets out of her house. This is not only our workout. This is our socialization too. We work out with long term friends."

A lack of health, diet, and exercise education was expressed in all six interviews. Eula Johnson expresses a need for health education by saying, "We just didn't know how to make the right choices on foods and what to eat and how to eat. We didn't know that exercising was a very important part of being in good health and having a long lifespan." Additionally, Pam Rogers says, "In Charleston you have, and I don't mean this ugly in any way, a lot of uneducated people, and they're not really concerned with- they do not think education is important. And so they're unaware of nutrition and food and things you need to eat and the weight you need to maintain to continue to be healthy- even children." Rogers goes on to reiterate the growing problem of overweight children by remarking that her two daughters, who work in Charleston as a nurse and a school teacher, express their similar concerns of an increased percentage of overweight children to Rogers. Diane Mabus highlights the issue further by saying, "Poverty and healthcare

are a big problem because there are a lot of obese people in Charleston." Additionally, Sevelda Taylor says, "I think the most important thing the community is struggling with is understanding how important exercise is for your body. You know, exercise can take the place of medicine… We don't need so much medicine. We just need to take care of our bodies." Taylor partook in the Group Coaching (Whole30) program and lowered her A1C through diet and exercise from 7, which is within the diabetic range, to 5 which is considered normal. Additionally, husband and wife pair Angel and Ben Kennedy express, "Here at one of the health fairs that I did, we were both pre-diabetic. So we took that class (Diabetes Solutions program) and both our numbers went down. I went down below the prediabetes level."

The third and final theme expressed in all six interviews was an overall improvement in the quality of life due to Wellness Center staff and programs. Pam Rogers states, "The Kennedy Center has impacted my life by the good bit of weight that I've lost, the more energy I have, and the better understanding of what I need to eat and how I need to control my weight." Diane Mabus describes how her life changed after she gained mobility after joining the Wellness Center, "That's how bad my back was. I couldn't walk the steps. I would take the elevator to the track upstairs. And I kept going, little by little and now I'm walking four miles to five miles a day, climbing the stairs, never having to use the elevator anymore. So that's amazing for me from where I have come." Sevelda Taylor describes how the Center has given her a new lifestyle and helped manage her arthritis by saying, "Before, my life was dull, but after all this, I have a brand new life… Sometimes I get up in the morning with arthritis, you know, it's kind of hard to get up in the morning and once you start your day, and once you get out of the house

and walk through that door, you've got a whole new lifestyle. A whole new lifestyle." All six interviewees expressed how the Center positively impacted their lives.

By performing interviews on six Wellness Center members, three recurring themes were expressed by interviewees. I was able to come to the conclusion that the Center greatly improves an individual's socialization needs which builds motivation for an individuals' health and wellness journey. Next, the interviews expressed a lack of health education in the Tallahatchie community that the Wellness Center works to alleviate. Finally, all interviews expressed that the Center has improved their overall happiness and quality of life since becoming members.

CHAPTER FIVE

DISCUSION AND RECOMMENDATIONS

This thesis used institutional theory as a framework for developing a better understanding of how the James C. Kennedy Wellness Center impacts public health. The intent of this research examined how the Center developed, described the programs implemented in the Center, as well as highlighted the impact associated with the Center. Throughout the thesis, the institution of public health in Tallahatchie County, Mississippi was examined. Public health fits the definition of an institution because it is an organized and established enterprise that is sensitive to changes due to opinion shifts, norm changes, and influential actors. The actor focused on in this thesis was the James C. Kennedy Wellness Center due to its prominent and successful role in shaping the habits and norms of the individuals of the Tallahatchie County community.

One way the Center has shaped community habits and norms is by providing a recreational environment for members to socialize through exercise. Our findings strongly showed that the Center was able to enhance the socialization of members, especially retired members who greatly relied on the Center to provide them with socialization experiences. Socialization is a huge factor in the health and wellness of individuals. Dr. Craig Sawchulk, a psychologist at the Mayo Clinic, states that research shows that interacting with family and friends benefits both mental and physical health and that socialization is central to good health, cognitive skills, and overall better quality of life. Dr. Sawchulk also states that groups such as the elderly have an increased

likelihood to become isolated which may lead to depression and a lower quality of life (Williams, 2019). Additionally, socialization at the Center can provide motivation for members which improves personal fitness goals. The Wellness Center provides an environment for members to form positive relationships with staff and other community members which prevent social isolation's negative effects.

According to the U.S. 2019 Census, 14.9% of the Tallahatchie County population is over the age of 65. Therefore, the more the Center can target the elderly population, the more likely it is to reduce isolation among the community. Developing this strategy can be accomplished using market segmentation marketing and recruiting approach. Focusing on the elderly as the target market may lead to additional membership and participants to serve within the current programs. A further examination of external organizational and community population will help the Center develop strategies to market to various populations in the community based on lifestyles, demographic variables, and additional behavioral measures. Also advertising to other groups such as schools, churches, or businesses can reach more people interested in improving their fitness and health education. Interviews with program directors and Center members suggested the lack of health education as the largest factor contributing to poor health in the community, so this recommendation would work to address community needs while also promoting increased Center membership. By drawing on members from groups, the Center may tap into other elements of institutional theory. For example, another term that is central to institutional theory is identity which constitutes the element of 'self' in an institution. The three interpretations of identities include role-identity which describes an individual seeing them performing a role, social identity which is the feeling of belonging in a

group, and personal identity which is seeing oneself as different from a group (Vandenabeele, 2007). These elements of identity are important in institutional theory because based on Albert and Whetten, identity is the foundation of how meaning is constructed. This means identity can produce a shift in the actions of individuals (Vandenabeele, 2007). As the Center continues to develop its capacity and brand in the community, drawing on the notion that community should assume a role to improve one's health to help the overall community can be an impactful message when recruiting various groups in the community.

Another way the Center has shaped community habits and norms is by changing the way chronic diseases are treated. The Kennedy Center aids prescription medication in controlling and reversing diabetic symptoms by adding diet and exercise methods to an individual's daily routine. There have been members of the Center who have been able to discontinue taking their prescription medications due to a complete reversal of their chronic disease symptoms. This is significant because according to the American Diabetes Association, the average diabetic American spends $9,600 per year on medical costs solely related to treating their diabetes (The Cost, n.d.). These changes result in a significant reduction in healthcare time and cost, and also greatly improve an individual's quality of life. Lastly, the Center has shaped community habits and norms by shaping the perspectives of community members in Tallahatchie County. The topic of community members wanting healthier food options came up many times when conducting interviews. This shows that the Center's education programs have shifted community perspectives. In other words, the Center, as an actor, has introduced a new set of habits and norms which caused the institution of public health and wellness to evolve. The focus

on health education shows that this Center is more than just a recreational space; the Center is shifting the perspectives of community members in a healthier direction.

Institutional theory uses factors such as distinct forms, processes, strategies, outlooks, beliefs, codes, cultures, and competencies to find patterns of organizational interactions and adaptations (Selznick, 1996 and Vandenabeele, 2007). Another term for this grouping of factors is called the logic of appropriateness which was coined by March and Olsen which refers to the institutionalization of identities and beliefs (Vandenabeele, 2007). Currently, the director and assistant director of the Center are directing a majority of the eight programs. Each program requires many hours of organization and time spent with program participants. Additionally, program directors stated in interviews that getting more program participation has been a continued area of improvement for the Center. I believe having fewer programs would solve both issues stated above. For example, the Center's programs fall into two categories: fitness or educational based. Programs such as the Redefine, Fit for Summer, Fall Back into Fitness, and Maintain Don't Gain fall into the fitness based programs. Programs such as Diabetes solution, Master Plan, Group Coaching, and the Garden Program fall into the educational category. Within these two categories, there are several unique features within each; however, the overall goals of the programs are similar enough to consolidate the activities. This will allow more time for program directors to improve program structure and curriculum, increasing the effectiveness and efficiency of program goals. Moreover, choice overload is the idea that more options impede a person's ability to act which results in no decision made, or no program participated in. The Center offers many resources from honey bee hives to chronic disease management to cookbooks which can overload members with

too many options. I recommend two options to gather more member participation in programs: either consolidate programs with similar goals into larger programs or re-evaluate existing programs to see if they truly fit the mission of the Center. Additionally, increasing for overall membership of the Center will create a larger pool of potential program participants. In order to do this, I recommend setting up promotional days at the Center where community members can come in and use the Center at no cost, or creating challenges that encourage current members to bring new individuals into the Center.

Focusing on institutional outlooks, a clear vision for Center employees to follow in their daily activities at the Center is needed. According to Peter Northouse, a prominent leadership theorist, a good vision displays a picture of the future, representing change and communicating institutional values while providing a map that challenges people to transcend the status quo. A strong vision can be used internally and externally to articulate the desired future of the Center. Therefore, the Center should engage in strategic meetings that will develop a strong vision to be articulated alongside the mission of the organizations. Moreover, this vision can be used by employees to direct current programs that will, in turn, motivate other employees to take initiative to fulfill the vision of the Center on a daily basis. Also, the mission can be integrated into the program's curriculum and marketing strategies.

The final recommendation is to find additional funding sources. Currently, the Center earns about one-third of its revenue from membership fees. The other two-thirds of the expenses are mainly donated by the Kennedy Foundation along with other smaller grants. Since much of the donated funding comes from a single source, I recommend having a plan in case funding is reduced. Advertising to companies in the Mississippi

area and beyond can help raise revenue and membership. Additionally, many companies have foundations that donate to specific causes much like how the Kennedy Foundation currently donates to this Center. Building relationships with additional donors will lessen the reliance on a single donor while also promoting the Center. Another option is to continue relying heavily on a single source of funding, but have a comprehensive plan set in place in the case of funding becoming limited. One way this can be done is by increasing membership fees based on the income level of members. This allows for increased revenue through a stable funding method, but does not deter community members from joining the Center.

CHAPTER SIX

LIMITATIONS, FUTURE RESEARCH, AND CONCLUSION

Limitations

Various limitations arose in the research process of this thesis. Firstly, the most prominent limitation was the small number of Center members interviewed. Additionally, there were six Center members interviewed who were all recommended by the director of the Center. This created the possibility of a positive bias towards the Center by the participants of the interviews. I recognize that the six Center members interviewed in this study do not fully represent the opinions of all members. To make up for this limitation, I considered the quantitative results from health programs in addition to the qualitative data from program results, so that the overall representation of the impact of this Center could be fully evaluated.

Another limitation of this research was the limited diversity in the sample profile of members interviewed. Four of the six individuals interviewed were retired individuals who extensively visited the Center multiple times per day. This would allow retired members to use and understand the Center's resources and programs to a greater degree than working individuals or students, who have a more limited time frame to use the Center's resources. Interviewing individuals from a more diverse sample profile would give a better understanding of how the Center's resources and programs are utilized by members.

Future Research

This thesis functions as a broad analysis of the Kennedy Center and its impact on the community members of Tallahatchie County. For future research, I recommend a deeper analysis of each program. This can be done by in-depth interviews with program participants to further understand the impact programs have made. My program summaries included in this thesis were brief and limited, and it is clear that there is more to each program than the information I gathered for this thesis. One of the recommendations included in this thesis is adding structure to the Center's programs. For future research, I would recommend creating a strategic plan on how to accomplish the goal of creating more effective programs.

Additionally, the interviews of Center members are a promising source of information to truly understand the needs of the Tallahatchie community. Thus, I recommend a collection of interviews from a greater sample size of Center members. To do this, a mass survey could be sent out to all members either in the form of an email or tabling in the lobby of the Center. This survey should be relatively short so that it will have the greatest effort on including all Center members. After this, in-depth interviews can take place with various members of different ages, genders, socioeconomic status, and race groups. My analysis is designed to serve as an overview of the Center and its impacts. I believe there is an opportunity for a continuation of this project by further researching the needs of the community through community members.

Conclusion

The goal of this thesis was to evaluate the James C. Kennedy Wellness Center and the impact it has made on public health in Tallahatchie County using institutional theory. To

do this, I first interviewed the director and the assistant director of the Kennedy Center to understand why the Center was created and what the process of development entailed. After understanding the background and design of the Center, program directors from each of the eight programs were interviewed to analyze how the Center used programming to accomplish the mission of the organization. Next, six Center members were interviewed to further understand the impact the Kennedy Center has made on the community in a more personable way. The data collected was further analyzed to discover the capacity the Center has on impacting community members in Tallahatchie County. Strengths and weaknesses of the Center were focused on so that gaps in the capacity of the Center could be evaluated. The strengths and weaknesses of the Center were together used to determine how the relationship between the James C. Kennedy Wellness Center and public health impacts the Tallahatchie community.

The institution of public health is affected by many actors, and the actor focused on in this thesis was the Kennedy Wellness Center. The research data, performed through program analysis and interviews, showed that diet and exercise improved due to the Center's educational programs. Additionally, chronic diseases such as diabetes and obesity were drastically improved with the use of the Center's resources. Recommendations for the Center included providing more structure in the programs offered, a greater focus on the vision among staff members, additional marketing strategies, and a more stable funding source. Using institutional theory, which allows researchers to contribute changes in institutions to influential actors, I conclude that the Center has made a vast impact on assisting members of the community to improve their health and wellness through educational programs, a supportive environment, and a

wealth of fitness resources. In Tallahatchie County, the James C. Kennedy Wellness Center is more than a recreational center; it is a major influencer of the institution of public health.

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APPENDIX

Appendix A

Kennedy Center Background Interview Protocol:

Q1. To understand the organizational structure:

1a. Catherine, program managers, other stakeholders?

Q2. To understand program descriptions and functions:

2a. Catherine, program managers, other stakeholders.

Q3. To understand program and health impacts:

3a. Program participants, community residents, (discuss recruiting sample with Catherine).

Questions:

1. Tell me about how the Wellness Center came to be.
2. What were some hardships at the beginning?
    - How did you overcome them?
3. What was the planning process like for this Center.
4. What are somethings the Center is currently struggling with?
    - How are you working to overcome them?
5. Tell me about how the Center gets its funding.

6. How is this Center connected with TGH and the Kennedy Foundation?
7. What are some future plans for the Center?
8. How has this Center impacted the citizens of Tallahatchie County?
    - What methods/resources does this Center use to complete goals?

Appendix B

Kennedy Center Program Interview Protocol:

Q1. What programs are avalible at the James C. Kennedy Wellness Center?

1a. Interviews (Recruiting Sample: Director of the Programs)

Questions:

1. Who is the director?

2. Describe the program.

3. How are results measured?

4. What are the results?

5. Input and Outputs?

6. Any additional program information?

7. What is the duration of the program?

Appendix C

Community Member Interterview Protocol:

Q1. How well do the programs at the James C Kennedy Center impact the health and wellness of the Chaleston community?

1a. Interviews (Recruiting Sample: program participants and community residents)

Questions:

1. What was your life like before the Kennedy Center?
2. How long have you been visiting the Kennedy Center? How often do you visit?
3. Tell me about the services you have been using here.
4. Have you formed any new friendships since you have been coming here? If so, tell me about them.
5. Tell me about the staff here.
6. How has the Kennedy Center impacted your life?
7. Have you formed any new healthy habits?
8. If you could describe the Kennedy Center in one word or phrase, how would you describe it?
9. Do you think any of the services that the Kennedy Center offers could be modified to better serve its members?
10. What needs do you still see in your community?
11. Is there a program or resource that Charleston is lacking that you would like to see the Kennedy Center implement

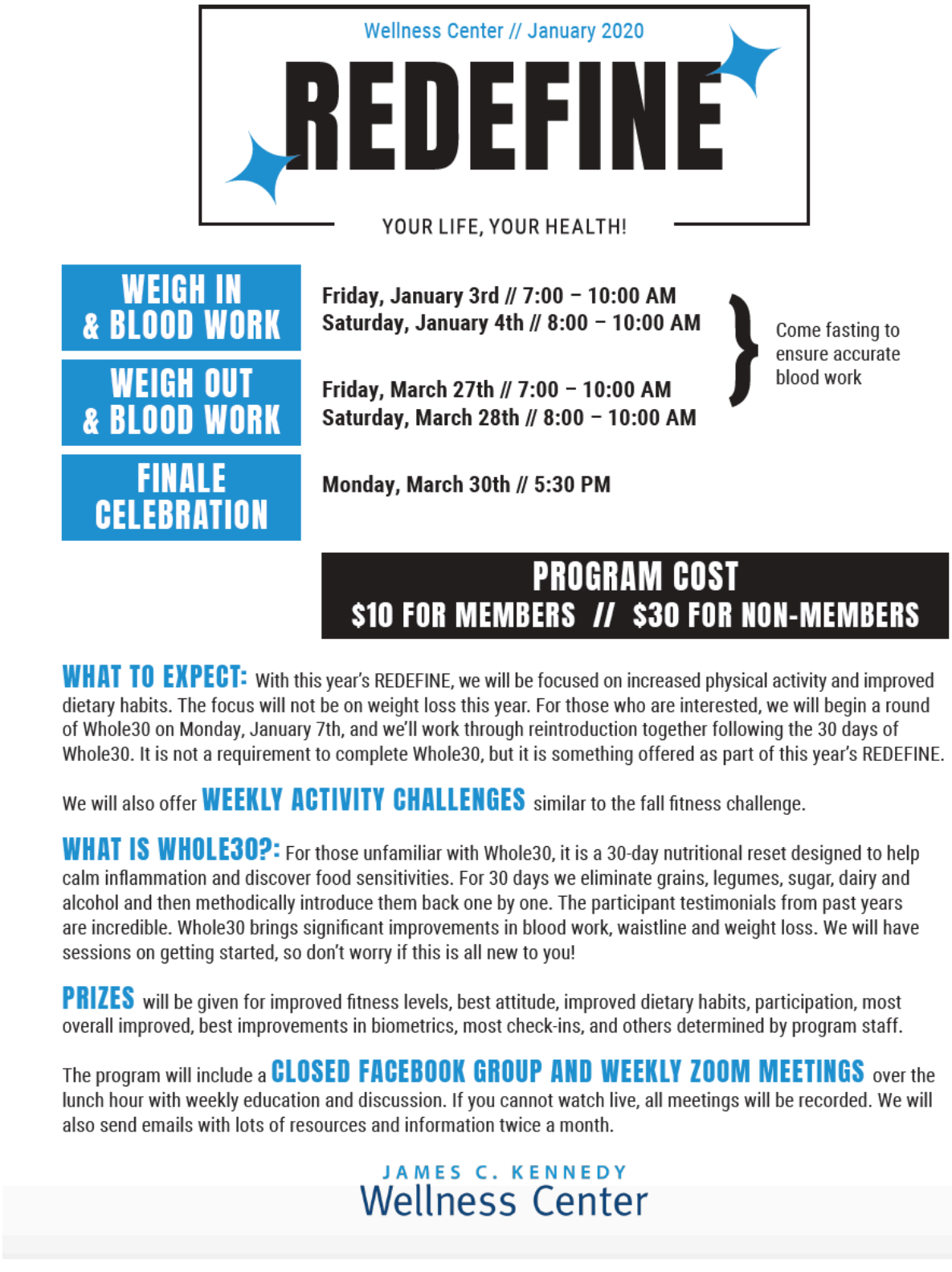
Appendix D:

Program Evaluation Rubric:

	Program Name	Director(s) of Program	Purpose of Program	Participant demographics	Length of Program	Inputs of Program	Output of Program (what they doing at program)	Outcomes of Program (is it helping them)	Is there Data Collected from program?	Strengths of the Program	Program weaknesses
Program	What is the program name?	Who directs this program?	What is the purpose of this particular program?	How many people normally participate? Demographics of participants	How many weeks? How many hours?	What are the resources for this program (i.e budget, materials) (anything needed to work- money, volunteers, facilities)	What comes out of the program (curriculum, lesson plans, meal plan)	Benefits of the program? Success stories?	Do you have any type of impact data?	Strengths?	Weaknesses?

Appendix E

Redefine Additional Information:



Weekly Topics for Redefine

All weekly classes will be delivered using the Zoom platform so you can learn from the comfort of your coach, car or workplace. They will be delivered live on **Mondays (unless noted) at noon** but will be recorded so you can watch later if you are unable to view live.

1. Jan 6: Inflammation and anti-inflammatory dietary approaches (Whole30) (Cat)
2. Jan 13: Low-Carb and Keto 101, role of insulin (Jennifer)
3. Jan 20: Microbiome and gut health (Cat)
4. Jan 27: Know your numbers (Jennifer)
5. Feb 3: Intermittent fasting and time restricted feeding (Cat)
6. Feb 10: Everything cholesterol (hint: cholesterol is necessary!) (Jennifer)
7. Feb 17: Insulin, the key to weight loss and combating chronic disease (Cat)
8. Feb 24: Grain brain: The truth about sugar and grains (Jennifer)
9. March 2: Sleep health and good sleep habits (Cat)
10. March 9: Meal planning, meal prep, cooking for kids (Jennifer)
11. March 18: (Wednesday) Healthy aging, increasing health span not just life span (Cat)
12. March 23: Vitamins, supplements and super foods (Jennifer)

Appendix F

Maintain Don't Gain 2019 Results:

1. Average pounds lost per person (or not gained):
    - 2 people with no weight change
    - 6 people with 1-2 lb. weight loss
    - 10 people with 1-2 lb. weight gain
2. # of people who enrolled and complete:
    - 42 people enrolled
    - 41 people weighted out
3. There were 6 people with a 3-7 lb. weight loss

Appendix G

Diabetes Solutions Program (DSME) Score Card 2019

1. Average Reduction in A1C:
    - 0.3% - 0.5%
2. Average inches in waist and weight loss of participants:
    - 4.5- 7.25 lbs.
    - 1.0 inches in waist circumference lost.
3. Quality of Life improvements:
    - Increased energy
    - Decreased in the amount of meds taken daily
    - Ability to come off of CPAP machines
    - Decrease in medication cost monthly
    - Ability to exercise again
    - Better sleep quality
    - Less pain
    - Ability to walk better
    - Mental clarity
    - Better mood
    - Less anxiety and depression
    - Ability to breathe better
    - Decrease symptoms of sinusitis
    - Decreased in the amounts of time to test blood sugar each day
4. Other Notable improvements/impact:

- Less money spent on groceries each week
- Improvements in ADLs
- Finding their love of cooking again
- Confidently sharing their new lifestyle with others
- Being an advocate for their health and healthcare with the knowledge that they have learned
- Increased knowledge of Diabetes complications and how to prevent
- Joining the gym and exercising 3 to 5 days per week

5. # of people who completed the cohorts
   - 34 people

Appendix H

Member Testimonials of Jim Plumos, Mike and Phyllis Griggs, and Brady Taylor:

Jim Plumos

The Wellness Center has great programs, especially their diabetes programs. I joined because of my brother. I have learned a new kind of lifestyle, along with a way of eating and exercise. It has helped me improve my diabetes, improve my sleep, my blood pressure, my blood sugars and I have lost weight. I am healthy now and I feel like a changed man! My session with Jennifer in the MASTER PLAN Program has helped me change my lifestyle! I enjoy the wellness center and all the staff there!

Mike and Phyllis Griggs

The Wellness Center provides a service that was needed in this community. It provides an opportunity to exercise, learn how to live a healthy lifestyle through diet and exercise. Most importantly, the staff will always give advice and assistance. The classes they provide are taught well and are informative. They always demonstrate a positive attitude with a smile."

Brady Taylor

Since the inception of the JCK Wellness Center, the residents of Charleston and Tallahatchie County have benefitted greatly from the incredible services offered there. As someone who has been involved for several years in the promotion of improved health in our community, I have personally witnessed the phenomenal

improvement of the health statistics generated in large part by the existence of the Wellness Center and the wonderful healthy environment that it creates.

Appendix I

Group Coaching Results:

Appendix J

Full Transcription of Member Interviews (6): Eula Johnson, Sevelda Taylor, Diane Mabus, Ben Kennedy, Angel Kennedy, and Pam Rogers

Eula Johnson

Retired/ Part Time at Charleston Elementary

Diabetes Programs

"We just didn't know how to make right choices on foods and what to eat and how to eat. We didn't know that exercising was a very important part of being in good health and having a long lifespan. I've been coming since they had the old one. I try to get here at least five days a week. I have been using the diabetes programs because I have diabetes. I have formed many friendships. It's very relaxing learning about other people and when someone's health is a little bit worse than mine, I share what I do to try to make my health better. The staff is a great asset, and they have made a big difference in a lot of people's health in Charleston. I try to watch my carbs, and I try to watch my portion size. I meal prep and I try to get over ten thousand steps per day. If I could describe the Kennedy Center in one word I would say it is magnificent."

"I think with the videos and things that there are some people who are not able to use a computer. I think we should have more face-to-face workshops. People of Charleston still struggle with their eating habits. We have too many fast foods and we need more healthy choices for restaurants. I would like to see more children participating in the Kennedy Center and working on goals to make themselves healthy, especially for

the ages of teens and young adults. There are a lot of young adults overweight, and they complain that they are tired and exhausted."

Sevelda Taylor

Retired/ Classroom Teacher 39 years Charleston Elementary

Every Program

"I retired in 2006, and my thing was, after I retire, what am I going to do every day? We were walking outside on the track every morning, but then when the weather was incapable, we would have to be in. We couldn't do it. Then the center appeared. They had it in the paper-- and I said when's it gonna come, when's it gonna come? Eventually, it came. So what happened? That meant I had something to do every day. They were opening at eight, and I was telling Catherine that's kind of late for me. So then she started opening at seven, so I didn't complain, but somebody else must've said something 'cause they started opening at six. And I was there every morning at six when she opened the door. It was like we were meeting together, just like a little family of us, me and my other coworkers once we retired. We'd come in there; we'd talk; we'd exercise. And our life, mentally, was much better. Our health was much better. I was in arthritis, and I was needing somebody to loosen my limbs. We didn't have all the machines we have now, but we had enough to keep me loosened up. They (the staff) were there, and they would give you tips. They were good exercise ladies, and they were in good shape and all. Before, my life was dull, but after all this, I have a brand new life.

It was on the Boulevard first-- a small one there. I started when it first opened, so I've been here from the beginning. I come every day. Every day. And since we're

opening at five now, I don't get here at five. I'm here at six right now, but when it gets warmer a bunch of us said 5:30 and work outside. The good air outside. The fresh air outside. And once we get through outside, we come in and get the machines.

I've been to all the diabetic classes, cholesterol, high blood pressure, the weight loss classes. I've been in most of all the classes she's offered. If I didn't know about them, she would post a note, and I could call somebody and ask them about it, and they would friendly let you know what was going on.

I've found so many friendships since I've been here. Barbara-- I was here when Barbara got here. And Stephanie-- I was here when she got here. We all got a relationship. And all the ladies at the front desk. They know my name and I know theirs because we come in every morning and we exchange words, greet each other. All of the janitors that have been here-- I've known them from church or the community. A lot of my students come through here and see me, and we talk. So it's just a place where, if you don't have a relationship with people, you can easily build one. Catherine. Jennifer. Stephanie. Barbara. Those are the four. I'm in their face all the time. And if I need something, I let them know. And if something's going on, they find me and let me know and see if I wanna do it. They think about me. They know my age. They know what I like.

The Kennedy Center has been an inspiration in my life from the beginning. It has improved me physically, mentally, socially, and maybe other ways that I can't pull up the words for right now. But I know one word I can say-- it has been an extra-extraordinary place to come and improve your living and your lifestyle.

I have learned how to eat properly. Sugars-- I've learned food that has so much sugars in it. Say, for instance, fruit. I thought that I could eat as much fruit as I want, but some of that fruit is full of sugar. They explain that to us. I did the Whole30 diet that they started last year, I believe it was. Well it was in process, and my friend, her cholesterol was bad. So Catherine called and talked to her about it. She decided she would do it. I said 'Well I don't think I wanna do it right now.' Alright, well, she went through her 30 days, and I kinda watched her each day. The weight wasn't just dropping off. It was easing off. So the next 30 days I came to Catherine. I said, 'Catherine, I'm ready to do Whole30.' She said, 'Well they've already started.' I said, 'Well that's okay. I'm gonna go on and get in it now, and then we'll start a brand new one when this one ends.' So I did that. I think I was weighing 245 or 46 look right to me. So those 30 days I was on it. I went to 220. So, you know, I continued. After those 30 days was up, I continued. Right now I'm like from 245 to 214. But I really have to discipline myself. Because I love sugar. So I have to discipline myself, and right now, I'm in the process of now, for the next three weeks, I'm disciplining myself. Because when I was on Whole30, she (Catherine) encourages. You can eat as many sweet potatoes as you want to, and I do that. I'll eat me a sweet potato for breakfast, then maybe do me an egg. And then for lunch I'd eat me a vegetable, then maybe another sweet potato for dessert. So that keeps me from getting too much sugar. And then if I have to have sugar, they encouraged us, 'Don't eat as much as you usually eat. Eat half as much.' And so for that reason-- I love my weight right now-- but I'm still working on it. And I'm still watching my diet, and my vegetables-- I'm a vegetable lover-- and my meats instead of fried food. I do have this little container now, where you can just put it in. It's called the air fryer. And I love it. I

love to put my chicken and my hamburgers in it. The Kennedy Center is a great health-improver overall.

One thing I know they are doing already-- Stephanie's doing this program now-- redefined. She has a lot of different exercises on her sheets every week. Then I would go talk to her about certain exercises that I am not able to do. So she will modify that one and give me another one that will work as well. For one that I can't do, she will take me to another level and give me one that will still serve the purpose. So this building is a great access to the community.

Another thing, too, on the physical therapy department back there. I've been there twice. Heather is great. And they have interns that come in from Ole Miss and different places. And they are so nice. They're very nice. If they're not doing what I want them to do I just tell Heather and she'll take care of it, but I haven't had that problem. You know, just in case it happens. This building itself is something that will improve the community if more people knew how well this facility could improve their way of living. For me personally, I'm in different clubs in the community, and in my clubs I spread the word. In my local church I spread the word. In the churches I visit, I spread the word. During the summer, when friends come in for vacation, I spread the word. And they're here. And when the next summer comes, they can't wait to come and get to the wellness center.

Look at me, an example. 'What happened to your weight Mrs. Taylor?' 'I'm at the wellness center. Come on and join me.'

And blood pressure. After I retired I didn't realize I had high blood pressure. Then I came here, and we did the weigh in, and you do all your blood work. A1C. Oh my gosh. Catherine said, 'Ooh, your A1C.' I went on Whole30, and my A1C was like, I believe it

was 7 and above. Then 5 and above. And A1C, to me, wasn't even important. So I'm learning the important things that are going in my body. I was telling my nephew about it, and he's about ten. He didn't know how important it was. He said, 'Auntie, how'd you get yours?' I said, 'You gotta watch what you're eating. You gotta do your exercise, and you gotta do it every day. Get you a program.' You dont want to miss it. Coming here is like a job, but there's no stress. So now every morning I get up and come here and just relax my mind. Sometimes I might stay overtime. I usually stay until 8:30 or 9 just to be here. Others come in, you know, their time may be 8:00. I talk to them. Then talk to somebody else. Then I'm ready for my day.

I think the most important thing the community is struggling with is understanding how important exercise is for your body. You know, exercise can take the place of medicine. And Catherine was teaching that. We don't need so much medicine. We just need to take care of our bodies. It's worth it. Sometimes I get up in the morning-- with arthritis, you know, it's kinda hard to get up in the morning-- and once you start your day, and once you get out of that house and walk through that door, you've got a whole new lifestyle. A whole new lifestyle.

There's so much goin' on up here. And if it's not goin' on, I'll ask about it, and it'll appear. They're so generous in their giving. One thing they do, during the holidays, they have a luncheon. And that's when I really spread the word. I'll say while you're there go back and look at the machines. One lady asked me, she said, 'You go everyday?' I said, 'Every day. I don't go on Saturdays, now, but I go five days a week.' She said, 'You got so much to do up there.' I said, 'Yes, you never get bored.' So for the luncheon, we have tickets. I always ask for a few extra tickets, and they (my friends) will come in.

And that way they get a chance to be in the building, know what's in it. And that would encourage them. For me talking won't be enough. When you can see it, it's better. Because it's here. And I'm experiencing it. And I know."

Diane Mabus

Retired/ Sayle Oil Company

Therapy Departments and Walking Track

"It's just the nicest asset Charleston has had. All my life, I had wanted to go to a gym. And I wish I could work out on the machines, but my orthopedic specialist told me not to. I kinda have low back issues. He said to walk all I want to until it hurts, but that it would be best to stay off the machines. But I love the atmosphere down here. When you come in here, it just gives you a lift.

I walked at home. I always wanted to exercise. So I would walk at home, but as soon as the wellness center opened-- of course, I was still working at Sayle Oil-- they would pay for us to come down here. We could come any time during our lunch hour or after we got off work or anything, which is wonderful. So I've been a part of it even before I retired. And after I retired, I started paying my own dues, and I can come as often as I want to. During the summer, sometimes I'll get up and come and walk early and then maybe late in the afternoon if I kind of get bored and antsy a little bit, I'll come back and walk again and just to see people just to fill that void from maybe five, you know to seven. I just love that. It's been about three weeks since I've been able. I've had everything at church just taking, taking my time, and I can put on five pounds in a heartbeat just not walking and out within three weeks, just not being able to come down

here and walk. And when I walk, I eat less. And I drink more water, I do everything better when I'm walking and exercising.

I've been visiting the Kennedy Center ever since it's been open, average of once a day but during the summer, I have been known to come twice a day when it's warm and pretty out. I haven't taken any of the classes. I really, I'm not too interested in the classes. I have formed new friendships since I've been coming here. I didn't know Barbara, didn't know her. I didn't know any of the other girls that were working like Charlotte. And the other girls I didn't know, and everybody that's affiliated with this Wellness Center, they are just as friendly and nice as they can be. And that's the reason I like to come. And I know I have been known to come in with a cup of coffee, sit there and drink the coffee, then go up and walk. And Katherine I know her, she would come in at Sayle Oil so I knew her because she and Ike are real community minded and everything. I know Linda Rowland that was on the board here in the building of the Wellness Center and she and I are friends. So really I know just about everybody that's been on the board or just, you know, by saying their names on the plaque out there. Yes, yes. And of course I enjoy that: meeting people and it's a good outlet for me to be able to come down here just to see people and meet people. I just think it's wonderful to have a place like that to come to every day if you want to come every day. You know it keeps me entertained and gives me something to do. You come around here and meet people and talk and walk and it's just wonderful.

Well, it's just been an asset to my life, to be able to come. And the other thing is that only live just a mile from my front door to the Wellness Center. And I just come through the new road here by the gas mart. Okay, it is a mile from my front door. I mean,

front driveway down here to the front door. Yeah. So that's the reason I can come anytime I get ready. If I want to come two or three times a day I can. Easy access, it is for me. Yeah, and the road's good you know, just, it's just wonderful. It helps me walk more and I drink more water. Awesome. And I try to eat better. I bought the whole 30 book, but I didn't follow through with it. I'm not much on cooking or recipes or anything. So I tried just to watch my diet, and then walk. If I could describe the Kennedy Center in one word or phrase, I would say it's great. Of course I know that water and we're supposed to stay away from South Korea. They may make you though that they want to bring your coffee, turn a blind doctor back anyway. Yeah, or just even like what needs, do you still see in the Charleston community to as far as like, maybe, bringing the community in here, because you know y'all have y'all spread, you know your group that comes up all the time and pretty regularly but then, like, how do you maybe see them, including more of the community and in bringing them into the world. Well I think there's a lot of advertising already been done but unless that might could be improved, you know, more advertising. And poverty and healthcare are a big problem because there are a lot of obese people in Charleston. And that's what the Kennedy Center was founded for, you know. That's the reason it is so wonderful. I noticed a lot of people of every race enjoying it. They are just walking and loving it. And there's people out here that are obese and they are walking early in the morning, they're walking late, they're out here, walking. It's for everybody. I don't have anything negative to say about it. We needed something.

People come from Grenada county and everywhere, for therapy. Oh and I even, when I was having issues with my back, I had to take some therapy and the therapy department is wonderful. Before I got through with therapy and got to where I could walk

again, and I would have to take the elevator. That's how bad my back was. I couldn't walk the steps. I would take the elevator to the track upstairs. And I kept going, little by little and now I'm walking four miles to five miles a day, climbing the stairs, never have to use the elevator anymore. So that's amazing for me from where I have come since I hurt my back."

Ben Kennedy

Retired/ Pastor of Church

Former

Angel Kennedy

Teacher at Charleston

Angel Kennedy: "We never worked out we both worked in Grenada and Wynonna, and, you know, I'd always see stuff (about the center) on Facebook and wish I could do it, but I couldn't because working and everything yeah. And that's-- that's been a while."

Ben Kennedy: "She had a stroke a little over a year ago and started therapy here at the center. I started working out while she was in therapy. And after it was over, she wanted to continue. So she's finished with her therapy, but she comes, we come on our own and I can continue to work out. We also, not just working out, we do the recipes, all the contests. We've been in class with Jennifer. The blood sugar and pre-diabetes. Here at one of the health fairs that I did here was, we were both pre diabetic. So we took that class and both our numbers went down. I went down below,below the prediabetes level."

Angel: “And I had one point and mine would be under.”

Ben: “You started off at 6.0, and went down to 5 point... 7, and I was 5.7 and I went to 5.6. All right. So that was a result of all this.”

Angel: “We started at the end of April and the first part of May. Well, I was coming for therapy. And then that was the month of April.”

Ben: “Therapy ended in April, and that was when we continued. And besides all that, I enjoy a new group of people, you know? I knew some of the people who worked out but none of the people who worked here.”

Angel: “He uses the walking track and the weights. I just use the weights, because I can't walk that far yet. But he started, when we started in the summer, he would push me in a wheelchair around the walking track. And so my goal this year is to walk.”

Ben: “We're still working on that. She's hitting kind of a plateau now. What happened was when she was in the hospital, I stayed with her the whole time. We were there for a couple months. From November to January. And the hospital would feed me every time they would feed her, and everybody who'd come to visit would bring food. And of course, we're just sitting there not doing anything. So I've got up to 240 pounds, which is the biggest I've ever been. I've gotten down to 215 now from here. One of the

contests they had, I won it from losing the most inches. We're in the middle of a contest now. It's weight loss. It's also inches and all your levels, sugar and cholesterol and all that. “It's generally the same people who tend to work out at the same time, us retired folks. But we've lived here, and, you know, she's lived here all her life, and there's people that we're just now meeting. Barbara's great, you know, coming up here, and always making us feel welcome. And we've had a little bit of work with Jennifer--”

Angel : “--and Catherine.”

Ben: “Little bit with Catherine. We've worked more with Jennifer because of the class. Stephanie and crews are great also. They tell me when I'm doing my exercises wrong. We're doing a whole lot healthier. Not only the working out but our eating, the things we eat. We're eating healthy. And so that has impacted, again since her stroke, and we don't, you know, we were tired because of her stroke. Okay, so this is really, this and I'm the pastor of a church. So the Wellness Center and church is really all that she gets out of the house. This is not only our workout. This is our socialization, too. We work out with long term friends too. “Like I said, our eating has changed a whole lot. We eat more vegetables and we're trying to follow the keto. We talked about doing the Whole 30 and last about a half a day. That time we're losing (weight very quickly), we were losing on keto. So I said, why change? Let's keep doing what we're dong. So now we've kind of hit a plateau.”

Angel: “If I could describe the Kennedy Center in one word or phrase, to me, it's been a blessing because I'm able to exercise and I didn't think any of that would take place. “

Ben: “This is a big thing with her. When she first started, she couldn't do any of the machines. And is slowly one of the times she's been able to work up and do them, and now she's doing most of them in there. And, if you think, if the Kennedy Center wasn't here, I don't think she would have the same access to healthcare, and she wouldn't be doing all this exercise.”

Angel: “We would really have to go to Grenada or to Batesville every morning to work out if this wasn't here, and I don't see I don't see us going--no-- if this wasn't here. I probably wouldn't have gotten as strong as I have.”

Ben: “I think they're doing a good job. Even with Angel. With the exercises she can't do, they tell her how she might can do it different to still get the same result.“I'll tell you what I see, but I know it probably has nothing to do with what you're asking. I'm a retired superintendent. School systems: terrible. It needs to be improved, and the leadership of the school needs to be improved.

“But there's not another program they need at the Center that I can think of. I always say, it doesn't even seem like we're in Charleston any more.”

Pam Rogers

Supervisor Child

Workout Classes Workout

"Before the community center basically I was doing nothing. No form of exercise. I want to say I've been visiting the Kennedy Center, either two or three years. My husband and I both started going. We were just working out in the gym. And of course, my husband dropped off but I continued. Starting off I think maybe we went two to three times a week, just working out in the gym, and then I started going to some of the classes there, and I was coming six days a week, working out. Just really doing the exercise classes since I work. I haven't really been able to attend any of the other classes that they offer, like the nutrition and the talking one on one with a trainer or anything. I just started with the basic classes and then I graduated to the boot camp.

I've made lots of new friends since attending the Kennedy Center. I mean I've known them, but I never really knew them if you know what I'm saying. But as far as having any type of relationship, outside of the gym, not really. But that's because I work in Grenada, and most of them work in Charleston. The staff are wonderful. It's just so much encouragement that they give you. They don't just push you; they let you kind of go at your own pace. But they encourage you to let your body tell you when you've had enough. And they just give you so many tips on how to do the certain exercises, and it's just a lot of encouragement. And that part I really like. You know, the beating of the brow, I would have walked out a long time ago if it hadn't been that.

The Kennedy Center has impacted my life by the good bit of weight that I've lost, the more energy I have, and the better understanding of what I need to eat and how I need

to control my weight. Of course I'm not at a point where I'm satisfied with my weight right now, but it'll come. I did do the whole 30 at one time. My husband and I both were. I really like that. But then I also like the keto because I like my cheese. The whole 30, it has where you cook with a lot of nuts and snack food. And so I kind of had to get away from that.

If I could describe the Kennedy Center in one word or phrase, I would say it makes you feel like a family. That's one thing I like. It's so much encouragement. I mean, you just wouldn't believe how much people need that encouragement. Now I've heard just a lot of good things about Jennifer and the program she teaches there, but they just have them during the day. And I'd like to learn a lot more, especially since I'm at that certain age where I need to really do better with my health. But, you know they all have children and families to support, also. Of course, the gym, I think they have some classes that started at like 530. And most of the time, I'm working. Another in the summer months they might stay open longer, as far as the gym part. The classes that normally are at 530 last at most an hour. But I think the gym stays open. I know it used to stay open until nine because me and my husband used to go later because there wasn't as many people. But I think maybe during the winter months, it closes, maybe a little bit earlier, maybe like 730. And I usually go after I get off work.

Of course I worked for the state, I retired from the state. And with the private company, and in Charleston you have, and I don't mean this ugly in any way, a lot of uneducated people, and they're not really concerned with-- they do not think education is important. And so they're unaware of, like, nutrition and food and things you need to eat and the weight you need to maintain to continue to be healthy. Even the children. You

see, just in my field that I do there's a lot of overweight children. And I have two daughters. One is an RN, and one is a teacher. And there's a lot of overweight children that come through theirs, too. You know, they don't have a lot of classes that educate the children on what they need to be doing better. The Wellness Center does not have any programs with the children that I know of, you know, they may have something going on during the day, but I don't really see that because kids are at school, unless there's some sort of summer thing that they have.

I worked with the child support department, and you would not believe the kids that come through this department. They end up pregnant. They end up with children at such a young age. I mean, Not that kids aren't a blessing. But it's hard when a baby is having a baby. And when they're 14, 15, even up to 17 years old. To me, you're still a child. You're not an adult. And, you know, you give up so much because you have a person that you're responsible for, so there goes a lot of your education, a lot of your bettering yourself. I don't know what it would take. For healthcare, there is nowhere like the Kennedy Center, where the public has access to healthcare that I know of. They tried to put a program in at the school that you could kind of talk as lines. As a parent myself. Those are some of the things that as parents, you should teach your child. But then again, there's so many people in Charleston that are not taught that. And they live in the environment to where that's normal. So many parents objected to it (the program). Even my daughter when she worked at school as the school nurse tried to start such a program. But the parents just would not allow it.

I'm a supervisor. I worked the caseload for about 30 years, though. The state privatized the child support office. So I went with the private company."