

SOPHE 2020 Annual Conference Abstracts

Session Type: Oral - Journals

Session Title: Demystifying Publishing in Peer Reviewed Journals: Tips and Strategies for Contributing to the Science and Social Justice Commitments of Health Education

Session Number: A2

Submitting Authors: Jeanine Robitaille, MS, CHES

Co-Authors: Danielle Brittain, Dr. Jody O Early, Holly Mata, Jesus Ramirez-Valles, PhD, MPH

Authors Bio: Dr. Roe has been a professor of public health and community health education at San Jose State University for 29 years, where she served as chair for the Health Science and Recreation Department from 2001-2013. She brings more than two decades of scholarship and editorial experience, including as founding associate editor for HPP's "Circle of Research and Practice" Department; co-editor of HPP's first supplement devoted to health disparities in 2002; and editorial board member of SOPHE's Pedagogy in Health Promotion journal.

As SOPHE President in 1999-2000, Dr. Roe led efforts to expand SOPHE's diversity in membership and leadership. Throughout her career she has been deeply engaged in translational research and community interventions both nationally and internationally.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Identify at least 2 SOPHE journal article formats that align with their work or intended audience.

Identify at least 2 strategies to disseminate their published articles to diverse practitioner and community audiences.

Keywords: Dissemination & Implementation, Professional Preparation, Social Influence

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Practitioners and researchers in public health and health professions often find it challenging to find the right publication venue for their work in general, and for specific projects or initiatives in particular. In this session, the Editorial Leadership teams from SOPHE journals share experience, expertise, and insight that will help you find the journal "home" for the important work you do with diverse partners and priority populations. Through examples, stories, and lessons learned, our team highlights the importance of understanding journal missions, article format options, submission processes, and article access options. We also explain impact factor and other journal metrics, and share strategies for amplifying journal reach and dissemination through a variety of communications channels. Participants will hear from Editorial Leadership teams representing several SOPHE journals and with experience publishing in and reviewing for a variety of journals. Through an interactive panel part of the session, participants will engage with members of our Editorial team who have particular experience in and passion for supporting practitioners in developing and publishing their work and for disseminating published work through diverse channels post-publication to maximize the reach and impact of research

and practice. Participants will have time for small group discussions to focus on elevating the voices of our practitioner and community partners and increasing our collective capacity to advocate for programs and policies that promote health and health equity through the work we publish.

Session Type: Oral - Implementation Science

Session Title: Implementation Science Overview - Demystifying Implementation Science, Theories and Methods

Session Number: A3

Submitting Authors: Cam Escoffery

Co-Authors: Margaret M Farrell, MPH, RD

Authors Bio: Dr. Cam Escoffery is an Associate Professor of Behavioral Sciences and Health Education at the Rollins School of Public Health. Dr. Escoffery is a health educator and behavioral scientist by training. She has a PhD in Health Promotion and Behavior with an emphasis in Instructional Technology. She has conducted research for over 23 years on health promotion, cancer prevention and control, health technology, implementation science and evaluation. She has served as PI on grants funded by the National Cancer Institute, Centers for Disease Control and Prevention, American Cancer Society and Healthcare Georgia Foundation. Her implementation science work has been published in Translational Behavioral Medicine, Implementation Science, and Evaluation and Program Planning.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Define relevant definitions and concepts in implementation science.

Discuss the role of theory, frameworks, and models in implementation science.

Describe the role of intervention adaptation, fidelity, and stakeholder engagement in implementation science.

Explain study designs and research methods commonly used to answer questions in implementation science.

Keywords: Evaluation and Measurement, Health Research, Program Planning

Special Populations: Mid-Career Professionals, New Professionals

Full Abstract Detail: Implementation science is defined as the scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings to improve patient outcomes and benefit population health. Specifically, implementation science seeks to understand the behavior of professionals and support staff, public health organizations, consumers, family members, and policymakers as key influences on the adoption, implementation, and sustainability of evidence-based health promotion and disease prevention interventions. Implementation science has its own theories and models, determinants related to implementation and implementation outcomes and study designs. This presentation will provide an overview of foundational concepts, theories, study designs, research methods and measurement in implementation science. It will define the background and motivation for implementation science, its benefits, and sources of evidence. It will offer guidance in selecting and combining theories, examples of study designs and methods and their strengths and weaknesses, and guidance in locating data sources and

measures. For health educators, it will outline how to find and select evidence-based practices or interventions to inform health promotion or program planning efforts and how to expand program evaluation to capture the entire system and perspectives of multi-level stakeholders.

Part of panel - Advancing research and practice for implementation science: Applications for Health Promotion

Session Type: Oral - Implementation Science

Session Title: Leveraging Implementation Science for Public Health Impact: Tools and Resources

Session Number: A3

Submitting Authors: Margaret M Farrell, MPH, RD

Authors Bio: Margaret M. Farrell, M.P.H, R.D., is a public health advisor for the Implementation Science Team in the Office of the Director in the Division of Cancer Control and Population Sciences (DCCPS) at the National Cancer Institute (NCI).

Ms. Farrell leads several efforts to build and advance the application of Implementation Science (IS) within cancer control practice. Her current work centers around an implementation science primer for cancer control practitioners, a funding opportunity linking connected health technology with improved health outcomes for cancer survivors, as well as enhancement of partnerships and networks to integrate research, practice, and policy.

Ms. Farrell is a registered dietitian and holds a master's in public health from the UNC Gillings School of Global Public Health.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Identify strategies for increasing the adoption, implementation, and sustainability of evidence-based health promotion and disease prevention interventions in a variety of public health settings.

Describe the 4 key steps for improved public health outcomes outlined in Implementation Science at a Glance.

Keywords: Dissemination & Implementation

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Rapidly advancing knowledge and appreciation of the science of implementation hold great promise to improve public health outcomes. The National Cancer Institute (NCI) has led efforts to increase researchers' awareness of implementation science (IS) and appreciation of how IS theories, models, and frameworks can address the burden of cancer. To this end, NCI hosts an array of IS training opportunities, webinars, conferences, and resources aimed at researchers. We nonetheless appreciate the need to leverage advances in implementation science into broader public health practice.

In April 2019, NCI released Implementation Science at a Glance (1), a workbook to introduce practitioners and policymakers to the building blocks of implementation science. This resource is a natural extension of our experiences funding (2) and training researchers in implementation science as well as the perspectives we gained through this work. (3)

A preliminary draft of the resource was reviewed by fifty-eight cancer control practitioners and researchers for clarity and concept. The final version reflected advances both in our understanding of IS and how to communicate it to support and inform the work of public health practitioners.

Case studies illustrate implementation science in practice, provide lessons learned in the field, and brief practitioners about the components of IS including evidence-based interventions, fidelity, adaptations, stakeholder engagements, theories, models, and frameworks, strategies, evaluation, and sustainability.

This presentation will: 1) describe implementation science resources, and 2) outline how Implementation Science at a Glance illustrates implementation science frameworks, models and measures to help drive community and organizational transformation and, in turn, develop broader disparities-reducing implementation strategies.

By providing insights supporting greater uptake of Implementation science research designs, the resource offers rigorous methods that could accelerate the pace at which equity is achieved in practice.

References

(1) National Cancer Institute. Implementation Science at a Glance: A Guide for Cancer Control Practitioners. [Bethesda, MD]: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 2019. NIH Publication Number 19-CA-8055. <https://go.usa.gov/xmqyV>

(2) Neta G, Sanchez MA, Chambers DA, Phillips SM, Leyva B, Cynkin L, Farrell MM, Heurtin-Roberts S, Vinson C. Implementation science in cancer prevention and control: a decade of grant funding by the National Cancer Institute and future directions. *Implement Sci* 2015;10(1):4

(3) <https://cancercontrol.cancer.gov/IS/training-education/index.html#trainings>

Part of the "Advancing research and practice for implementation science: Applications for Health Promotion" panel

Session Type: Oral - Implementation Science

Session Title: Implementation Science at CDC's National Center for Injury Prevention and Control: Past, Present, and Future

Session Number: A3

Submitting Authors: Theresa Leola Armstead

Co-Authors: Natalie Wilkins

Authors Bio: Dr. Theresa L. Armstead is a Behavioral Scientist in the Division of Violence Prevention (DVP) at the Centers for Disease Control and Prevention. She has expertise in public health program evaluation ranging from wellness and physical activity, intimate partner violence, and HIV and AIDS prevention. Prior to CDC, she held the positions of Assistant Director for the Prevention Research Center and an Assistant Professor in the Department of Community and Behavioral Health at the University of Iowa. She co-chairs the Implementation Research Interest Group in DVP and leads an agency-wide 5-session roundtable series on Implementation Science.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Describe the history of dissemination and implementation science in the Center for Disease Control and Prevention's Division of Violence Prevention (DVP) in the National Center for Injury Prevention and Control.

Discuss the next steps and new directions for dissemination and implementation science research in DVP.

Keywords: Dissemination & Implementation, Injury Prevention/Safety, Violent Behavior/Violent Prevention

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: The Center for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC) works toward ensuring everyone, everywhere, every day is safe and free from injuries and violence. In service to this vision, many NCIPC activities focus on bridging the gap between the best available evidence on "what works" to prevent injuries and violence (research), and the real-world settings/communities in which prevention efforts occur (practice). In 2006-2007, NCIPC developed the Interactive Systems Framework (ISF), an implementation theory. The ISF delineates the different interactive systems in the implementation and dissemination chain from the prevention delivery system, to prevention support, and prevention synthesis and translation systems. The ISF has been used by NCIPC and other centers at CDC to inform guidance on making evidence-informed adaptations to prevention strategies and promoting science-based approaches to teen pregnancy prevention (Chronic Disease Center). Since the ISF was developed, NCIPC has continued to invest in tools, resources, and scientific discoveries to bridge research and practice. Examples include an online resource to support violence prevention practice and an online, interactive tool to inform state violence and injury plans. The Division of Violence Prevention (DVP) has also disseminated stories from their

intimate partner violence prevention program (DELTA FOCUS) in partnership with the National Resource Center for Domestic Violence. The stories share lessons learned from the implementation of community and systems-focused intimate partner violence prevention strategies. In this presentation, CDC's NCIPC scientists will provide an overview of: 1) the history of dissemination and implementation science in DVP; 2) concrete examples of resources and tools that have been developed to bridge research and practice (e.g. VetoViolence web-based tools); and 3) information on a proposed violence prevention implementation research agenda. Health educators attending this session will be able to identify translation and implementation resources and tools created by NCIPC and assess their usefulness for their own practice.

Part of the panel- Advancing research and practice for implementation science: Applications for Health Promotion

Centers for Disease Control and Prevention (2010). VetoViolence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available from: <https://vetoviolenecdc.gov/> [last accessed June 17, 2019].

Chambers, David A. "The interactive systems framework for dissemination and implementation: enhancing the opportunity for implementation science." *Am J Community Psychol* 50.3-4 (2012): 282-284.

National Resource Center on Domestic Violence (2019). DELTA FOCUS stories (2019). Available from: <https://preventipv.org/innovation> [last accessed June 17, 2019].

Session Type: Oral - Implementation Science

Session Title: Implementation Science in the Practice of Health Promotion – Advancing Practitioner Engagement

Session Number: A3

Submitting Authors: Randy Schwartz, MSPH

Authors Bio: Randy Schwartz, MSPH, is a public health professional with extensive experience in implementing health promotion initiatives in state health department and voluntary health organizations with emphasis on chronic disease prevention/control, community-based health promotion. Randy is President of Public Health Systems Consultants, Inc. He is currently a Public Health Consultant and adjunct faculty member for academic programs, including UNC MPH Program. He served as Sr.VP, Health Systems, ACS and VP, Health Systems for ACS, New England. He was Director of the Division of Community and Family Health, Maine Bureau of Health. He is the Founding Editor of the journal, Health Promotion Practice, a journal of the Society for Public Health Education (SOPHE). He has been awarded the Society for Public Health Education's Distinguished Fellow Award, the Society's highest honor.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Describe different national efforts to inform evidence-based practices for health promotion.

Describe the benefits of stakeholder engagement in implementation science.

Discuss 2 ways to engage stakeholders in implementation research.

Keywords: Dissemination & Implementation, Program Planning, Strategic Planning & Systems Thinking

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Advances in Implementation Science (IS) have impacted translation of evidence-based health promotion/disease prevention into practice. While numerous sources have provided strong support for the role and inclusion of public health practitioners in the implementation and dissemination of evidence-based public health intervention strategies, there is significant work to achieve the vision and potential of IS as an integral part of health promotion practice. Actualizing this perspective is not only important, it is critical to advance the impact and benefit of public health strategies. In advocating for this partnership, we frequently cite Dr. Lawrence Green's excellent framing: "If We Want More Evidence-Based Practice, We Need More Practice-Based Evidence" (1). This oft-cited quote gets to the core of the matter—it is a necessary reciprocal relationship. Unfortunately, the practice side of the relationship is not always included in the informing of the broader platform. Assuring stronger evidence-based practice has been enhanced by actions such as development and implementation of training in evidence-based public health, the CDC/NCI funded Cancer Prevention and Control Research Network (CPCRN), and the network of Prevention Research Centers which has contributed to strengthening the researcher-practitioner linkage. The work of CDC in disseminating

evidence-based interventions from the Community Guide to Preventive Services has also helped inform a strong approach to evidence-based practice. Additionally, the work of the NCI in developing tools such as Cancer P.L.A.N.E.T. and the Research to Reality community of practice has been valuable to the integration of evidence into practice. The Annual Conference on the Science of Dissemination and Implementation in Health has offered a strong contribution, and self-describes that it “helps realize the full potential of evidence to optimize health and health care by bridging the gap between research, practice, and policy.” The challenge is, however, that the IS field has been strong for the research portion of the continuum, and would benefit from a stronger intentional effort to advance the practice and policy portion of the continuum. In order to accelerate translation of research into public health practice, both community engagement and practitioner engagement must be a strong part of the process. Practitioner engagement in implementation research could involve selection of EBIs for communities, guidance on evaluation and implementation research questions, designs and methods, and participation in evaluations. Acceptability and feasibility of specific EBIs warrants perspectives from the researchers, community and implementing practitioners. This presentation will discuss progress in the role that IS has played in advancing translation of evidence into practice, will identify gaps that remain, and will provide recommendations for enhanced practitioner engagement to accelerate progress.

Session Type: Ignite - 90

Session Title: Piloting an Artificially Intelligent Virtual Assistant in Online Health Promotion College Courses

Session Number: A4

Submitting Authors: Eric Conrad

Co-Authors: Arya Alami, Samuel Ruiz, Avelardo Valdez, Austin White

Authors Bio: I hold a doctorate in health education/promotion and am a Certified Health Education Specialist. I have authored 10 peer-review publications and am certified in Quality Online Teaching by the California State University System. Myself and project collaborators conceptualized the study, developed the AI virtual assistant, as well as collected and synthesized the data.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Describe barriers and supports for the development and implementation of an artificially intelligent virtual assistant in health promotion professional preparation programs.

Discuss the implications for the application of artificially intelligent virtual assistants to improve health promotion professional preparation and practice.

Keywords: Health Communications & Technology, Professional Preparation, Technology

Special Populations: Mid-Career Professionals, New Professionals

Full Abstract Detail: A virtual assistant, or chatbot (bot), is an artificially intelligent (AI) chat agent that simulates conversation with text or voice inquiries used to generate meaningful answers. Over time, the AI “learns” to handle a wide array of inquiries without human input. These conversational bots can synchronously respond to both general and personalized inquiries in real-time, 24 hours per day. The development of AI bots has the potential to improve health promotion professional preparation and practice, however their implementation is scarce. The purpose of this pilot study was to evaluate the feasibility of implementing an AI virtual assistant in online health promotion college courses.

An AI bot was developed collaboratively by health promotion and computer science faculty and students using the Amazon Lex platform and piloted in 2 online health promotion-related courses. Students (n=75) had access to the bot for the 16-week semester. The study utilized the RE-AIM framework to guide evaluation. Bot data were objectively tracked through Lex and a previously validated Technology Acceptance Model (TAM) web-based instrument was administered to students following the pilot. The Program Sustainability Assessment Tool (PSAT) was used to assess sustainability capacity.

All enrolled students consented to use the bot and 68 completed the evaluation. All respondents used the bot at least once and 87% used more than 10 times. 88% of inquiries were related to the courses, with most inquiries being course topics or administrative (due dates, course policies). Average inquiries was 4 per session. Summed mean scores for TAM scales indicated positive student perceived usefulness, ease of use, attitudes, and intended use. First generation students and those new to online courses

indicated even higher measures of usefulness ($p < .05$). Cited benefits included a central location to get information and feeling less anxiety compared to contacting the professor. Initial bot knowledge base was approximately 100 intents which grew to more than 150 as the system learned through faculty and student engagement. The bot correctly response to 72% of inquiries, which improved as new intents were formed. Minimal technical difficulties were reported by faculty or students. Faculty barriers included time for bot development but was offset due to bot efficiency and feedback informing course planning based on frequent inquiries. Strengths supporting sustainability included adaptation potential, organizational capacity, collaboration, and minimal financial costs.

Findings suggest that AI bots represent a potentially effective, evolving, and scalable approach to provide students with support and free instructors to engage students in more meaningful ways, while serving as a potential assessment tool to improve course teaching and content. AI virtual assistants hold immense promise for professional preparation and have beneficial implications for health promotion practice.

Session Type: Ignite - 90

Session Title: An innovative method, adapting evidence-based education and contact strategies for large-scale mental health stigma reduction

Session Number: A4

Submitting Authors: Sarah D Rosenberg, MPH

Co-Authors: Erika Bonnevie, Jaclyn Goldberg, Dr. Joseph Smyser

Authors Bio: Dr. Joe Smyser, PGP's Chief Executive Officer, holds a PhD and masters in public health, and has worked at the intersection of public health and marketing throughout his career. He has designed core strategies for several of the United States' largest behavior change campaigns: the largest campaigns to date for the CDC and FDA. Additionally, Dr. Smyser has worked with the United Nations, USAID, multiple state and local health departments, Google, Facebook, Twitter, the Nuclear Threat Initiative, Direct Relief International, and the Peace Corps. He has been a founding member of several companies, one of which, L. International, employs social marketing strategies for sexual and reproductive health programming in Sub-Saharan Africa. Dr. Smyser is a leading proponent of integrated marketing strategies for behavior change, as well as the need for outside-the-box public-private partnerships.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: 1. Describe the creation of mental health stigma campaigns that leverage user-generated content from pet owners and from individuals who are talking about their own personal experiences with mental health online.

2. Discuss new and innovative strategies that build upon best practices in mental health stigma reduction to achieve progress on a large scale.

Keywords: Health Behavior, Health Communications & Technology, Mental Health Communications

Special Populations: Disadvantaged Populations

Full Abstract Detail: Introduction: Mental health conditions are among the most highly stigmatized health conditions. Stigma perpetuates stereotypes and discrimination, and increases health disparities. The Public Good Projects has collaborated with Kaiser Permanente to design two education and contact-based digital media campaigns to reduce mental health stigma. Although combined education and contact-based strategies have been cited as best practices for effective anti-stigma interventions, few campaigns have effectively employed these strategies to deliver large-scale stigma reduction in the United States.

Methods: The “Therapy Pets” campaign uses pets as a vehicle for education-based messaging about mental health. Individuals from the general public are invited to submit pictures and videos of their pets, which are then paired with simple, educational messages about mental health. The “LikeOneAnother” campaign employs a contact-based strategy, inviting individuals with mental health conditions to share video and photo testimonials of their personal experiences with mental health and stigma, to promote the idea that people with mental health conditions are just like people without them. Since fall 2018, Therapy Pets has recruited almost 600 “spokesimals” for mental health, and LikeOneAnother has involved 175 people living with a variety of conditions. To evaluate changes in stigma, two cross-sectional evaluation surveys were conducted among individuals living in the areas where the intervention was delivered.

Results: Surveys were conducted among 2,039 respondents at baseline and 2,041 at follow-up. At follow-up, 43.4% reported awareness of Therapy Pets and/or LikeOneAnother. From baseline to follow-up, a significant reduction was seen in overall desires for social distance, with increases in willingness to live with, work with, live nearby, or have a relationship with someone with a mental health condition. Significant increases were observed in beliefs associated with susceptibility to a mental health condition, positive perceptions toward treatment, and potential for recovery. Perceptions of dangerousness and inability to handle responsibility decreased significantly. Respondents also significantly increased in their confidence providing advice to a friend with a mental health condition, as well as having provided support to someone in person, over the phone and/or on social media.

Conclusions: Reduction of mental health stigma is critical in decreasing health disparities and negative health outcomes among people living with mental health conditions. This initiative represents the first time that a large-scale stigma reduction effort has leveraged user-generated content as its sole source of message communication. These campaigns represent an important example of an innovative way that education and contact-based strategies can effectively reduce mental health stigma.

Session Type: Ignite - 90

Session Title: Inside the Military and Athlete Brain: Implementing Concussion Education to Improve Concussion Identification and Disclosure

Session Number: A4

Submitting Authors: Dr. Julianne Denice Schmidt

Co-Authors: Dr. Christopher D'Lauro, Dr. Julianne Schmidt

Authors Bio: Dr. Julianne Schmidt's research interest is the clinical continuum of concussion. Her research focuses on biomechanics of sport-related concussion, concussion reporting behaviors, and post-concussion evaluation and management techniques. She strives to improve concussion care seeking behaviors. Drs. Schmidt and D'Lauro are principal investigators studying concussion disclosure within the NCAA-DoD funded Mind Matters Challenge.

Dr. Christopher D'Lauro investigates concussions using the interdisciplinary lens of psychology and neuroscience, applied within the unique military academy environment. He focuses on understanding the cognitive mindset that underlies concussion non-disclosure, the hidden cost of incomplete reporting, and develops interventions to increase reporting. He integrates these lines of inquiry to improve concussion care and outcomes – on athletes and military members.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session the participants will understand available science and emerging scientific findings related to concussion identification and disclosure among athletes and military service members.

By the end of the session the participants will be able to apply concussion education aimed at improving concussion identification and disclosure among athletes and military service members.

Keywords: Advocacy

Special Populations: Young Adults

Full Abstract Detail: The diagnosis of concussion is one of the most elusive challenges currently facing the sports medicine and military communities. Concussion diagnosis often depends on athletes or military service members to disclose concussion-related symptoms to a medical professional or identification by a stakeholder in their environment. However, approximately 50% of concussions go unreported, indicating a lack of knowledge or other reluctance. This low and steady concussion reporting rate of ~50% suggests that current concussion education efforts are not effective in improving concussion disclosure. Many sport organizations and state legislation require concussion education for athletes. Though the intentions of these policies are good, current practices are inconsistent and utilize materials that are not memorable or evidence-based. Sport and military medicine professionals lack information regarding effective best-practices for changing the culture in sport and military to one where concussion identification and disclosure is supported. This presentation will focus on reviewing current scientific advancements with an emphasis on how to translate this science into clinical practice.

All presenters received and recently completed a NCAA-Department of Defense grant aimed at examining and improving concussion disclosure among athletes and military service members. The synthesis of this work ended with a Delphi consensus process regarding best-practices for concussion education aimed at translating the funded work into clinical practice. The presenters will discuss currently available science, emerging scientific findings, and clinical best practices for implementing concussion education.

Session Type: Ignite - 90

Session Title: GDM Prevention and Screening Improvement in Primary Care

Session Number: A4

Submitting Authors: Kristin Howard, MPP

Co-Authors: Allison Lorenz, MPA, Sara May, BS, Arun RajanBabu, Douglas Spence, PhD

Authors Bio: At the Ohio Colleges of Medicine Government Resource Center, Allison Lorenz provides program oversight and quality improvement (QI) expertise as a principal investigator on maternal and child health projects. Responsibilities include designing, testing, sustaining, and disseminating evidence-based interventions in Ohio. Ms. Lorenz evaluates program effectiveness through QI data and provides recommendations to stakeholders regarding future efforts. She has presented and published on QI science, performance measurement, reproductive health, and chronic disease.

Ms. Lorenz previously worked in state government in Indiana and Ohio. She received her MPA from Indiana University and completed one year of post graduate work at Bowling Green State University. Ms. Lorenz is also certified in Six Sigma, LEAN tool awareness, and the Institute for Healthcare Improvement Model for Improvement.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Understand processes to improve assessment of Type 2 Diabetes Mellitus (T2DM) risk factors in women, including identifying a history of gestational diabetes by 10% within 6 months of implementation.

Access effective tools and educational resources to increase the frequency of education on health and wellness, T2DM, and T2DM rescreening needs for high-risk women by 20% within 6 months of implementation.

Keywords: Diabetes, Maternal & Child Health, Quality Improvement

Special Populations: Disadvantaged Populations, Maternal & Infant Health, Women

Full Abstract Detail: Gestational Diabetes Mellitus (GDM), a metabolic disorder occurring in pregnancy, affects up to 10% of pregnancies in the United States and 15% of Medicaid-insured patients in Ohio, and leaves women at increased risk for Type 2 Diabetes Mellitus (T2DM). Patients often miss early symptoms of T2DM, as evident in the significant disparities in the prevalence of T2DM witnessed in Ohio. This exposes the need for regular engagement with healthcare providers to minimize risks and complete T2DM screenings. Primary Care Providers (PCPs) are best positioned to identify and screen women at high-risk for T2DM therefore the Ohio T2DM Learning Collaborative sought to support PCPs in a Quality Improvement (QI) project to change office workflows to identify high-risk women to achieve two objectives, 1) improve provision of preventive education, and 2) completion of clinically recommended T2DM screenings among high-risk women aged 18-44 years.

Description: The project used the Institute for Healthcare Improvement methodology to pilot QI workflows, a clinical change package, and patient resources, along with associated clinical interventions, in a primary care setting for the target population, which includes practices serving 50% Medicaid, Medicare and Uninsured patients.

Methods: Thirteen PCP practices across Ohio participated in a 12-month QI collaborative. Each practice formed a multidisciplinary team to revise office workflows for improved identification and treatment of the target population. Collaborative activities included monthly calls to share best practices, one-on-one QI coaching, and Plan-Do-Study-Act cycles. To support the QI process and use data in real-time, PCPs submitted monthly data for patient assessment, three measures on clinical screenings for T2DM, and three measures on preventive education. Monthly run with aggregate and site-specific data were provided to help inform change.

Findings: 1,501 eligible women were treated at participating PCPs in Ohio during 2018. Improvements were identified in assessment for GDM and other T2DM risk factors, T2DM screening rates, and preventative education.

Results: Process changes resulted in a 24.2% increase in the rate of assessment for GDM and T2DM risk factors. Increases across each of the three preventive education rates (range of increases: 49.7% - 60.9%) and each of the three screening rates for T2DM (8.8% - 19.1%) were also observed. Specifically, screening rates for high-risk women with two or more risk factors for T2DM (excluding GDM) increased by 16.5% (60.5% to 77.0%) while rates for T2DM among women with a history of GDM increased by 8.8% (86.7% to 95.5%).

Conclusion: A QI collaborative increased preventive education and screening rates for women at high-risk for T2DM in primary care settings.

Value to participant: Participants will receive guidance for replicating the QI project in a clinical setting, evidence of results, and access to all QI tools and resources used in this project.

Session Type: Ignite - 90

Session Title: Health Disparities and Racial Inequities: What Health Educators and Providers Need to Know to Promote Cultural Competency

Session Number: A4

Submitting Authors: Brittany Comunale, MPH, MBA, CCRC

Co-Authors: Thom Walsh, PhD, MS, MSPT

Authors Bio: I have been conducting research in racially diverse communities for 10 years, leading more than 20 research projects. As a Latina, I have personally witnessed the dangers of allostatic stress and medical mistrust in the healthcare system. Cultural competency is a crucial element of care in Southern California, as the majority of our patients are Hispanic and the provider-patient relationships are usually racially discordant. Public health educators and medical professionals cannot improve their interactions with racially diverse populations unless they are aware of the care delivery gaps. I have seen the devastating effects of cultural incompetency and racial inequities as a patient, a researcher, and a doctoral public health student.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Describe three strategies used for effectively engaging with and relating to minority patients.

Explain how allostatic stress and cultural incompetency contributes to poor health outcomes and experiences.

Keywords: Cultural Competence, Health Disparities, Race/Ethnicity

Special Populations: Disadvantaged Populations, Minority Populations, Women

Full Abstract Detail: Background: In the United States, from birth, patients of minority status suffer from shorter life expectancy, an increased risk of chronic disease, and worse health outcomes. Internalized allostatic stress, often associated with racial inequities, has been shown to contribute to poor experiences and outcomes within the healthcare system. Patients in racially discordant provider-patient dyads have reported greater stress, lower levels of trust, and cultural incompetency, compared to patients whose race matches with their care provider's. Across prior studies, care providers were predominantly Caucasian or Asian, and did not identify as minorities themselves; patients were Caucasian, African American, or Latinx. Here, we examine dyads where the care provider is African American and patients are either African American or Latinx.

Methods: A racially diverse, predominantly Latinx, patient panel served by an African American physician was evaluated in Southern California (N=42) through both qualitative and quantitative means. We individually interviewed patients in both English (29%) and Spanish (71%) to better understand their experiences in the healthcare system and to identify areas where medical providers may improve the quality of care they deliver. Patients were also assessed through service evaluation and satisfaction surveys, to quantitatively compare care across races.

Results: Minority patients in racially discordant dyads were more likely to report greater levels of stress, poor access to healthcare, negative social interactions with their providers, medical mistrust, and poor satisfaction with services, compared to their racially concordant counterparts. Interviews revealed a need to improve shared decision making, verbal and non-verbal communication, and a need for greater awareness of implicit and explicit stereotyping.

Conclusions: Patients receiving care in racially discordant dyads report more stress and cultural incompetency, less trust, and less satisfaction with their care. Health disparities would be better addressed if medical providers would recognize the need for and were better trained to deploy communication strategies associated with greater trust, satisfaction, and cultural acuity. Next steps should include health education and cultural competency training at the medical and nursing school level to target emerging providers and to implement strategies that may prevent and control chronic disease in vulnerable populations.

Session Type: Ignite - 90

Session Title: Supporting Health and Wellness at Pantries: Development of Nutritious Recipes using Food Bank Inventories

Session Number: A4

Submitting Authors: Serina Gaston

Co-Authors: Amanda Frankeny, RDN, LDN

Authors Bio: Serina served as the Director of Nutrition and Physical Activity for the Pennsylvania Department of Health (2006-2015). In that role she worked to develop, implement and evaluate health promotion programs around obesity, diabetes, and asthma. These programs span from working with healthcare providers to instituting up-to-date standards of care in diabetes to working with schools to promote healthier lifestyles through physical activity and healthier food choices. Currently, Serina serves as the Executive Director for the Pennsylvania Nutrition Education Network (PA NEN). PA NEN provides the nutrition education resources and trainings to nutrition educators who are working to improve the likelihood that persons eligible for SNAP will make healthy food and lifestyle choices.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session participants will be able to identify system changes made within a food bank setting.

By the end of the session participants will be armed with nutrition resources that can help them make informed choices about when creating health education programming.

Keywords: Nutrition and Obesity Reduction, Obesity, Partnerships/Coalitions

Special Populations: Children & Adolescents, Disadvantaged Populations

Full Abstract Detail: According to an article in HuffPost Wellness, people who rely on food pantries for their meals may not receive enough dairy, fruits or vegetables to get all the nutrients they need for a healthy diet. Part of the problem is that food pantries were initially set up to provide occasional assistance to families during temporary setbacks but they have now become the main source of food for long periods of time, noted the article. If food pantries were able to emphasize healthy options and simple low cost healthy meals that might be prepared from food pantry options, families using these food pantries as their primary source for groceries might be better positioned to take small steps and make healthier choices that could contribute toward nutritious eating and better health outcomes.

In response to this problem, the Pennsylvania Nutrition Education Network (PA NEN) developed a program to address the social determinants of health –food insecurity through nutrition education. PA NEN works with food pantries, food bank staff and volunteers, SNAP-Ed staff and nutrition students, to develop useful recipe books that meet the nutritional needs of the families in which they serve. NEN incorporates foods commonly distributed by food pantries into our recipe books. We track food availability and distribution schedules for food banks and food pantries across the state. A registered dietitian then creates a series of nutritious recipes based on the food inventory. Selected recipes

coordinate with foods delivered to food banks through The Emergency Food Assistance Program (TEFAP), Commodity Supplemental Food Program (CSFP), and seasonal fresh produce distribution. All recipes must meet strict recipe criteria that ensure recipes are healthy and appropriate for the SNAP-eligible audience, while focusing on their cultural appropriateness. Criteria are based on recipe guidelines from USDA FNS' SNAP-Ed Connection, What's Cooking? USDA Mixing Bowl and Feeding America's Foods to Encourage; the 2015 Dietary Guidelines recommendations, and the Food and Drug Administration's nutrition labeling standards. PA NEN replaces ingredients of the What's Cooking USDA Mixing Bowl's recipes with foods more commonly found in Pennsylvania food banks and pantries. Recipe adjustment requires both nutritional and culinary knowledge to maintain similar nutritional quality. Recipes are tested by PA NEN's registered dietitian and evaluated with the assistance of nutrition student volunteers, interns and food pantry recipients. All contributions are then tabulated and recipes adjusted according to our testers responses. This process assures PA NEN presents simple, healthful, cost-effective and pertinent recipe variations. Food Banks and pantries use these recipe books to market and distribute foods to pantry-goers, expand recipes in their soup kitchen, and provide as handouts during volunteer-led nutrition education.

Session Type: Ignite - 90

Session Title: Examining Healthcare Professionals' Perceptions of Media Use in Children

Session Number: A4

Submitting Authors: Sabrina Mangapora

Co-Authors: Dr. Jean Marie S. Place

Authors Bio: Sabrina Mangapora is a second-year medical student at the Ohio University Heritage College of Osteopathic Medicine. She graduated from Ball State University in 2018 with majors in pre-medical preparation and health science and with minors in chemistry and public health. In 2018, Sabrina received the Department of Nutrition and Health Science's McKenzie-Walkup Scholarship and the Outstanding Graduating Senior Award. From 2016-2017, Sabrina worked on a project titled "Forced Sexual Intercourse in Adolescent Females: Prevalence, Predictors, and Prevention," with Dr. Jagdish Khubchandani and Dr. Jean Marie Place. She was awarded the 2017 Russell E. Siverly Research Award and the Charles R. Carroll Health Education Scholarship from the Department of Nutrition and Health Science. This project was funded by a BSU Aspire grant. Sabrina is a Certified Health Education Specialist (CHES®).

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session participants should be able to articulate three barriers and protective factors of healthy media use in children.

By the end of the session participants should be able to provide two reasons for interdisciplinary health education regarding media use in children.

Keywords: Child/Adolescent Health, Media, Parenting

Special Populations: Children & Adolescents

Full Abstract Detail: The purpose of this research is to conduct in-depth interviews to determine healthcare providers' (pediatricians, family medicine physicians, pediatric nurse practitioners, behavioral clinicians, therapists, and school psychologists) perceived scope of responsibility for media use in children. An objective of the research is to determine health care providers' actions regarding media use among their patients. The format for data collection includes twelve semi-structured interviews with healthcare providers who interface with children. This is a qualitative study design, using the Theory of Planned Behavior as a framework for interview questions. Participants for the interviews were contacted through a combination of personal contacts and snowball sampling. A short paper survey asking demographic information was presented to the participant before each interview. Interviews were conducted in-person and recorded using a library-loaned audio recorder. All participants were handed two informed consent forms: one to sign and return immediately to the researcher and one to keep. All audio recordings were professionally transcribed and then anonymously coded with a pseudonym to maintain confidentiality. The online qualitative software Dedoose was used for initial and focused coding of the transcriptions. Constructivist Grounded Theory (Charmaz, 2006) was used to

conduct line-by-line coding, which led to focused codes and finally thematic codes. Main themes include 1) mixed experiences regarding socioeconomic status and media use, 2) appropriate recognition of benefits of media is needed for special needs children, 3) problematic media use is an underprioritized issue across professions, 4) expansive nature of the internet, lack of device-free zones, and social pressures felt by parents as barriers to healthy media use, 5) involvement in extracurricular activities, designated device-free spaces, and an organizational app as protective factors for healthy media use, and 6) educational institutions as a source of excessive media access. Media use among children presents problems addressed by physicians, nurse practitioners, psychologists, behavioral clinicians, and therapists, yet, there is no standard screening technique among these professionals who care for children's well-being. To best recognize the issue of unhealthy media use in children, there needs to be an interdisciplinary screening tool. The integrative problems that inappropriate media use by children pose require integrative healthcare solutions, which include, for example, physicians referring families to psychologists for behavioral help. There is a need among professionals for health education regarding the definition of media, the recommended amounts of media per age group, and quality sources of media. It is essential that those responsible for children's well-being are aware of how to best navigate the issue of media as it continues to permeate children's lives.

Session Type: Ignite - 90

Session Title: Addressing the “what about...”: Applying audience research to craft impactful substance-free messaging for at-risk teens

Session Number: A4

Submitting Authors: Katie McCabe

Co-Authors: Ms. Sophia Lerdahl, Hadley Scharer, Michele Sok, MPA, MSR, Megan Trutor

Authors Bio: I am a Senior Research Manager with Rescue Agency, where I have led over 25 health research projects investigating a range of topics including binge drinking, marijuana use, and opioid misuse. My research focuses on segmenting adults and youth into high-risk groups to understand ways to develop tailored health promotion messages that resonate with at-risk audiences. I led the research described in this abstract including data collection and analysis.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Investigate knowledge, attitudes, beliefs, behaviors, and environments associated with teen marijuana and alcohol use.

Outline how to effectively message on multiple substance use behaviors within a single teen health education campaign.

Keywords: Alcohol & Substance Abuse, Child/Adolescent Health, Social Marketing/Health

Special Populations: Children & Adolescents

Full Abstract Detail: Background: In 2017, 13.5% of American teens reported past month binge drinking and 19.8% reported past month marijuana use (Youth Risk Behavior Survey, 2017). With limited funds available at the state level to tackle youth substance use, many governmental agencies are pooling budgets to create prevention campaigns addressing multiple substances simultaneously. This presentation explores differences in attitudes, beliefs, and behaviors associated with two substances (alcohol and marijuana) and how perceived differences impacted campaign message development in a northeastern state.

Methods: Six mixed-methods focus groups were conducted with teens ages 13-17 who were current marijuana users, binge drinkers, or susceptible non-users. Focus group activities included individual written surveys and semi-structured group discussions to investigate attitudes and beliefs associated with marijuana and alcohol use, evaluate audience receptivity to prevention messages, and identify promising messaging approaches for both substances. Participants viewed five storyboards of potential campaign advertisements and completed surveys measuring their reactions. For each storyboard, participants discussed the perceived relevance of characters, settings, and scenarios, believability of the message, and to what extent the concept motivated them to live substance-free.

Results: Teens perceived marijuana and alcohol differently. Marijuana was regarded as safer and of limited risk, and marijuana use typically occurred with small groups of friends in relaxed environments. In contrast, alcohol use, particularly binge drinking, typically occurred with large groups of friends/acquaintances at parties and was considered dangerous and risky (i.e., led to social embarrassment, compromised their safety). Participants responded positively to prevention messaging focusing on how substance use leads to memory loss and can permanently affect a teen's ability to pay attention and focus. The highest performing storyboard ad featured relatable characters and settings (i.e., teens snowboarding and listening to music in a car), and portrayed the fact, "weed and alcohol impact the part of your brain that controls memory" by using a "glitch" effect interfering with the main character hearing things his friends were saying, to mimic the impact of marijuana and alcohol use on the brain. Participants believed this ad most effectively communicated the risks associated with both substances.

Conclusion: While teens perceived differences in risks and settings associated with marijuana and alcohol use, carefully crafted prevention messages can address both substances and resonate with the target audience. This research demonstrates it is possible to effectively pool funds to address multiple substances with a single teen substance-use education campaign.

Session Type: Ignite - 90

Session Title: “You just get hammered, and that’s when all the crazy Snaps start happening”: Creating relevant harm reduction messages for young adults who binge drink

Session Number: A4

Submitting Authors: Katie McCabe

Co-Authors: Mayo Djakaria, Michele Sok, MPA, MSR, Megan Trutor

Authors Bio: I am a Senior Research Manager with Rescue Agency, where I have led over 25 health research projects investigating a range of topics including binge drinking, opioid and stimulant misuse, and marijuana use. My research focuses on segmenting adults and youth into high-risk groups to understand ways to develop tailored health promotion messages that resonate with at-risk audiences. I led the research described in this abstract including data collection and analysis.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Explain the role of audience insights in developing a binge drinking harm reduction education campaign for young adults.

Describe factors that influence messaging appeal and receptivity among young adults who binge drink.

Keywords: Alcohol & Substance Abuse, Social Influence, Social Marketing/Health

Special Populations: Young Adults

Full Abstract Detail: Background: In 2018, 50.7% of young adults in Vermont reported binge drinking in the past 30 days. To address this issue, the Vermont Department of Health launched Check Yourself, a statewide binge drinking harm reduction campaign for young adults ages 21-25. This presentation discusses audience insights research that informed the campaign’s messaging approach.

Methods: Mixed-methods focus groups were conducted in 2017 to understand the norms and social environments that encourage or discourage binge drinking among young adults, and to test eight storyboards of potential campaign advertisements. Focus group activities included a mix of individual written surveys and semi-structured group discussions. Participants reviewed a series of evidence-based alcohol-related statements and were asked to consider their previous knowledge of each statement (yes or no) and to what extent the statement motivated them to drink less alcohol, or would help them avoid getting too drunk, on a scale of 1 to 5. For each storyboard, participants discussed the perceived relevance of characters, settings, and scenarios, as well as facts and tips for how to reduce alcohol consumption and avoid inebriation. Participants also completed surveys measuring their reactions to the storyboards. Of interest was the storyboards’ perceived effectiveness (PE) scores, a validated measure that provides a score from 1 (Strongly Disagree) to 5 (Strongly Agree) indicating an ad’s potential for positive impact.

Results: Binge drinking was considered a pervasive and widely accepted behavior in many young adult social circles in Vermont. Drinking was integral to participants’ social lives, and therefore abstaining from

alcohol use was considered unrealistic and extreme. However, participants were interested in drinking less due to concerns over social embarrassment, public shaming on social media, and personal safety. Young adult binge drinkers were not motivated to reduce alcohol consumption by the potential for weight gain or for long-term health consequences, such as cirrhosis or heart disease. Participants required messaging that included relatable scenarios and realistic, actionable tips (e.g., eat a meal before drinking) to engage with the message. The storyboard with the highest PE score (3.9 out of 5.0) used a relevant situation (a young adult in bed with a hangover) to make a realistic tip (drink more water during a night out) relatable and impactful for young adults.

Conclusion: Audience insights demonstrated the target audience preferred to avoid excessive drinking and were receptive to tips on how to do so without avoiding alcohol completely, which was socially unacceptable to them. Check Yourself helps young adults avoid high-risk drinking behaviors by providing relatable, memorable, and realistic tips for reducing their alcohol consumption and drinking responsibly, without asking them to fundamentally change their social identities and habits.

Session Type: Ignite - 90

Session Title: California SNAP-Ed: Understanding the personal values and nutritional patterns of the adult 'Sacrificer'

Session Number: A4

Submitting Authors: Dr. Shiloh Beckerley

Co-Authors: Dr. Ingrid Cordon Alexander, Priscilla Fernande

Authors Bio: Shiloh Beckerley, PhD, is a Senior Research Scientist with Rescue Agency. Her research focuses on identifying health-related risk and resilience factors with the goal of promoting positive health behaviors. At Rescue, she has served as Principal Investigator for formative and evaluative audience research exploring nutrition with SNAP-Ed eligible populations throughout both California and Colorado. Prior to joining Rescue, she managed large-scale health promotion projects for the military, which included conducting data collection with thousands of Sailors and Marines in diverse settings. Her subsequent findings contributed directly to policy changes that improved deployment cycles and increased gender equality in military settings.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Explain the benefit of values-based segmentation in health promotion efforts.

Summarize the personal values and nutritional behaviors of the adult 'Sacrificer' segment.

Keywords: Nutrition and Obesity Reduction, Social Determinants of Health, Social Marketing/Health

Special Populations: Disadvantaged Populations

Full Abstract Detail: Background: Lack of access to nutritious food is a significant barrier to living healthy for many families, especially in low-income communities. As rates of obesity in California continue to rise, the most impoverished Californians consistently show the highest obesity rates. It is also well established that tailored, personally relevant messages increase message effectiveness. To tailor a statewide nutrition education campaign, formative research was conducted applying a values-based segmentation approach to evaluate the personal values and specific nutritional patterns of various segments of SNAP-Ed eligible Californians.

Methods: Research consisted of interviews (n=46), eight focus groups (n=74), and a statewide survey (n=1,504) administered in English, Spanish, Vietnamese, Cantonese and Hmong. A questionnaire on eating patterns and the frequency of fruit and vegetable consumption was administered to all participants. During interviews an in-home, household food inventory and a 48-hour diet recall were completed. Focus group discussions centered around personal values, and the connection between these core values and nutritional choices.

Results: Low-income Californians reported very different values and motivations, and unique nutritional patterns. Distinct adult psychographic segments emerged, each with unique barriers to healthy eating. Of particular interest were 'Sacrificers,' defined by their tendency to place the needs and priorities of

others, especially children, above their own well-being. The statewide survey revealed that Sacrificers were one of the largest adult segments, and the segment at highest risk for obesity.

Analysis of 48-hour food logs revealed that the overwhelming majority of Sacrificers reported breakfasts and lunches lacking fruits and vegetables. When vegetable consumption was reported, the most frequently reported vegetables were tomatoes and chiles in the form of salsa. Sacrificers rarely consumed fast food, with no participants reporting fast-food for breakfast, and just 14% indicating fast food consumption at lunch. These patterns were corroborated by direct in-home food environment observations. Qualitative analysis and the statewide survey revealed that Sacrificers did not prepare vegetables and fruit at breakfast or lunch due to time constraints. Sacrificers also reported that, if the cost was the same, they preferred home cooked meals to fast food.

Conclusions: Values-based audience segmentation is not only effective for developing messages that connect an audience's existing values with the desired health behavior, but also for identifying specific nutritional habits that should be prioritized for messaging. Messaging to Sacrificers should aim to increase fruit and vegetable consumption at breakfast and lunch, while addressing the perceived barrier that it takes too much time. However, messaging on fast food consumption should not be a top priority for this audience.

Session Type: Ignite - 90

Session Title: Untenured faculty and stress

Session Number: A4

Submitting Authors: Dr. Lydia J Burak

Authors Bio: A professor of public health, health promotion and health education at Bridgewater State University, I have been preparing health education professionals for more than two decades. One area of expertise is stress management, which I have been teaching and studying for 20 years. Prior to entering academia I worked as a public health practitioner in the fields of domestic and international community health and community development. My research interests are broad based; I generally test the applicability of social psychology theories and models in predicting health-related behaviors.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Describe the stressors and symptoms of stress among untenured university faculty members.

Discuss approaches to building relationships and partnerships that will help to mitigate stress and anxiety among untenured faculty.

Keywords: University/College

Special Populations: New Professionals

Full Abstract Detail: Research suggests that new, untenured, university faculty members may be a high-risk population for stress related problems that have implications for health and work performance. A British study found university faculty to be among the most stressed professions, with faculty members reporting poor psychological well-being. Some stressors that researchers have identified include acclimatization to faculty life; insufficient time for research, teaching, and service; inadequate feedback; unrealistic and or unclear expectations; dealing with unprepared students, difficulties balancing work and life outside work. Current expectations and emphases on student retention, high impact learning practices, diversity, and interdisciplinary work can burden new faculty members and conflict with the traditional means of achieving tenure.

Chronic stress can have a significant effect on the immune system, the respiratory system, the cardiovascular system, the digestive system, and can increase the risk for diabetes. Chronic stress is also strongly associated with psychiatric illnesses, particularly neuroses. In addition to health problems, stressed faculty members impact their students. Two recent German studies found a direct link between instructors' emotional well-being and student learning outcomes.

The objective of this study was to determine the stressors, stress levels, and physical symptoms of new faculty members at a mid-sized public university. Over three years, nearly 80% of untenured, first year faculty members completed anonymous surveys that assessed their perceived stress levels, the sources and consequences of their stress, the ways that they currently managed their stress. Survey results indicated a highly stressed new faculty; all participants suffered from at least three stress-related symptoms and all participants found numerous work-related stressors "highly stressful".

The purpose of the proposed roundtable is to generate ideas for how leveraging partnerships among new and seasoned faculty, among faculty and staff and administration might attenuate stress and improve the health, success, and effectiveness of new faculty members.

Session Type: Ignite - 90

Session Title: Thinking Outside the Box: Using Innovative Partnerships to Decrease Opioid and Alcohol Use in Young Adults across North Carolina

Session Number: A4

Submitting Authors: Sara J Smith

Co-Authors: Ms. Sophia Lerdahl

Authors Bio: Sara Smith, MA, CHES® is a Certified Health Education Specialist (CHES®) with over 9 years' experience working in Health Education. She is currently the Communication Consultant with the Injury and Violence Prevention Branch (IVPB) at the North Carolina Division of Public Health, where she coordinates and manages communication efforts that pertain to overdose prevention implementation and other injury and violence prevention topics.

Sophia Lerdahl spearheads Rescue's approach to opioid risk education and misuse prevention. She works across research, strategy, and client partners to develop advanced segmentation models, messaging strategies, and audience-centric implementation strategies to get the most relevant messaging in front of audiences at the right time. Her work is active in Vermont, Rhode Island, Indiana, Illinois, North Carolina, and Washington.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the end of the session, participant will be able to summarize key findings of the Over the Dose NC campaign.

By the end of the session, participant will be able to describe two strategies used by NC DHHS to effectively collaborate with Rescue to develop a successful opioid media campaign.

Keywords: Alcohol & Substance Abuse, Media, Social Marketing/Health

Special Populations: Young Adults

Full Abstract Detail: The opioid crisis has gripped North Carolina, as it has many states, and causes significant damage to our communities every day. As a part of our efforts to reduce the impact of the crisis, the North Carolina Department of Health and Human Services (NC DHHS) sought to use expiring CDC funds to implement a communications campaign to reduce opioid addiction and overdose among young adults, especially focusing on those who misuse opioids and/or co-use opioids and alcohol. With limited time, NC DHHS became aware of a campaign by the Vermont Department of Health (VDH), Over the Dose, which has demonstrated an ability to effectively engage young adults to meet NC DHHS's objective. This began an innovative partnership with VDH and its communications contractor, Rescue Agency.

Since launching in 2016, Over the Dose has achieved impressive benchmarks such as 4 minutes average spent on the website, 5 times the industry benchmark for engagement with social media assets, and numerous creative awards. The campaign was built on 4 rounds of audience research, and has

successfully reached and engaged members of its target audience in 3 progressive waves of creative, each building an understanding of the risks of opioid use and misuse.

Faced with expiring funds and a need for a strong communications intervention, NC DHHS sought to leverage the strength of this campaign to use in its own communities. NC DHHS recognized the opportunity to forge an unconventional partnership, facilitated by Rescue Agency, with VDH to license the content state-to-state. Rescue Agency then worked with NC DHHS to customize assets so that the campaign would reflect NC's population and priority messages. Rescue Agency then developed a custom media implementation strategy to get the campaign messages in front of the target audience.

This innovative partnership has allowed NC DHHS significant cost savings by avoiding original creative development, and enabled NC DHHS to utilize expiring funds and launch a research-based, battle-tested campaign on an extremely expedited timeline – the campaign launched within 1 month of contract signing. This kind of arrangement can be used by other states looking to maximize funding, resources, and strong campaigns that have established best practices.

Session Type: Ignite - 90

Session Title: Did the US court-mandated “corrective statements” advertisements deliver the right message?

Session Number: A4

Submitting Authors: Shaikha Khalid

Authors Bio: Shaikha AlDukhail BDS, Is a Dentist and current Dental Public Health resident and DMCs candidate at Department of Oral Health Policy & Epidemiology, Harvard University. She is trained as a and had previous experience conducting need assessments and advocating for vulnerable populations, at a national and global level. Her research experience includes complex data analysis, mixed methods and qualitative work with underserved communities.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: To describe the association between Exposure and reach of the US court-mandated corrective statements (CSs) advertising campaigns and health information seeking behavior.

To determine how smokers from diverse backgrounds respond to the court-mandated wording of these CSs.

Keywords: Health Communications & Technology, Media, Smoking & Tobacco

Special Populations: Disadvantaged Populations, Men, Women

Full Abstract Detail: Background: In the US- for over 50-years- public health had battled against smoking. However, despite the progress, disparities in smoking persist across sub-populations. Recently the Federal Court ordered tobacco companies to run “corrective statements” telling the American public the truth about the dangers of smoking and secondhand smoke through newspapers, TV and social media advertisements. Mass media campaigns (MMC) are an evidence-based intervention for promoting cigarette cessation. Contemporary healthcare systems can help improve health literacy outcomes by motivating people to educate themselves and seek health information which could be the first step they take in order to break bad habits and meet behavioral goals.

Methodology: We analyzed the most recent nationally representative data from the Health Information National Trends Survey (HINTS5-Cycle2 2018, n= 3,504). Weighted multivariable logistic regression of cross-sectional data determined personal characteristics (e.g., demographic characteristics, e-cigs smoking, current smoking status, and information seeking behavior).

Results: Our analysis revealed that 47% of respondents have searched for information about health or medical topics. 48% said they went to the internet for information, followed by asking a doctor or health care provider at 11%. Around 48% have seen the messages in newspapers or on television that say that a Federal Court has ordered tobacco companies to make statements about the dangers of smoking cigarettes. Among those people who currently smoke and responded yes to seeing the adds, 80% said that they sought out health information. Multivariate logistic regression models assessing main and interactive effects of age, race/ethnicity, gender, education, current smoking status and seeing the add on information seeking responses have revealed that, females were twice as likely to research health

information (OR: 1.89, CI:1.463 - 2.456). People with higher education attainment (College graduate or higher) had almost 4 times higher odds of seeking information (OR= 3.964, CI: 1.977 - 7.948). Meanwhile African Americans (OR= 0.46, CI: 0.2778 - 0.7527) and Latinos (OR =0.51, CI: 0.327 - 0.789) were less likely than non-Hispanic whites to search health information after being exposed to the ads.

Conclusion: This study suggests that people would value and respond to CSs, particularly from some sub-groups (Females, higher education). Alteration to message source and design could be required to reach and benefit other high risk sub-populations.

Recommendations: suggestions are given for how this ongoing public surveillance data can be used to provide a view of how the public is interacting with information in the environment to address their health needs.

Session Type: Oral - Reaching Minority Populations

Session Title: Health screenings and preventives behaviors among Latino Men: A qualitative assessment.

Session Number: A5

Submitting Authors: Dr. Raffy R Luquis

Authors Bio: Dr. Raffy R. Luquis is an Associate Professor of Health Education in the School of Behavioral Sciences and Education at Penn State Harrisburg. Dr. Luquis has a broad background in health education and health promotion. His primary research and teaching interests include cultural competency and multicultural health, health promotion and education, and human sexuality. He is the co-editor of the "Cultural Competence in Health Education and Health Promotion" book. Dr. Luquis has conducted research to assess health promotion practices among primary care providers, understand preventive behaviors among young adults, and sexual behaviors among college students. He has also collaborated with other researchers in addressing the needs of multicultural groups, especially the Hispanic/Latino population.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Examine the perceptions of chronic illnesses, health screening and preventive behaviors among Latino men (4.6.2).

Explain cultural factors that influence Latino men in engaging in health screening and preventive behaviors (4.6.2).

Keywords: Cultural Competence, Men's Health, Minority Health

Special Populations: Men, Minority Populations, Older Adults

Full Abstract Detail: Latinos represent the largest minority group; however, the health needs of men continue to be poorly understood. The Centers for Disease Control and Prevention stated that the leading causes of illness and death among Hispanics include heart disease, cancer, stroke, and diabetes. While a lower percentage of Latino men have hypertension, a higher percent of them have high cholesterol and are overweight or obese compared to other men, which put them at a higher risk for chronic illnesses. The incidence of chronic illnesses and risk factors indicate that it is imperative that Latino men participate in screenings and routine health and wellness checkup. The purpose of this study was to assess perceptions of chronic illnesses and preventing behaviors among Latino men in Pennsylvania. The study aimed to answer the following questions: a) what are the perceptions about chronic illnesses among Latino men? b) what are their perceptions of health screening and preventive behaviors? and c) what cultural factors continue to influence or act as barriers for preventive services and health care? Thirty men between the ages 40-77 (mean = 56.26) participated in an in-depth face-to-face interview. Each interview, which included 12 open-ended questions, lasted approximately between 45 to 90 minutes, including the completion of short demographic/behavioral survey. The sample included nine men between the ages of 40-49, nine men between the ages of 50-59, and 12 men older than 60. Fifteen participants self-identified as Puerto Rican, five Mexican, four from Dominican Republic, four from South American, and two Cuban. Most of the participants (90%) were born outside

the United States, with almost two-third of those living in the U.S. for more than 10 years. Most of the participants reported receiving a routine health and wellness checkup (90%), blood pressure screening (77%), cholesterol screening (80%), diabetes screening (70%), the seasonal flu shot (60%), and dental screening (57%) within the past year. In addition, 47 percent of the participants had a prostate-specific antigen test and 53 percent of them reported having a sigmoidoscopy or colonoscopy exam. Findings from the content analysis showed that several factors including their perceptions about the severity of chronic illnesses, their level of concerns, feelings about seeing and when to go to see a primary care provider influenced these men. In addition, cultural factors such as family, machismo, lack of preventive culture, religious beliefs, present time orientation, and sympathy and respect influence whether these men engage in preventive behaviors. Most men would like to receive information about chronic illnesses, risk factors, and screenings. The results provide some insight into the perceptions about chronic illnesses, health screening and preventive behaviors, and could help in the development of a health promotion and disease prevention programs targeting Latino men.

Session Type: Oral - Reaching Minority Populations

Session Title: Applying A Stage-Based Model to Address the Latent Tuberculosis Infection Conundrum—
"I don't feel sick, so why should I get tested?"

Session Number: A5

Submitting Authors: Rachael Picard, MPH

Co-Authors: Alejandra Brackett, MPH, CHES, Everly Macario, ScD., MS, EdM., John Parmer, MS, PhD

Authors Bio: Rachael Picard, MPH, is a skilled professional with more than half a decade of experience with research and health communication. At IQ Solutions, Rachael serves as a Health Communications Analyst leading health communications and formative research projects for federal agencies, including the Centers for Disease Control and Prevention (CDC). She supported a year-long research effort that involved planning for, conducting, analyzing, and reporting on 30 in-person focus groups in eight U.S. cities to test health messaging about adolescent health and tuberculosis. In addition, Rachael leads activities at the intersection of research and communications practice, including support for the National Institute on Drug Abuse and the Food and Drug Administration. Rachael received her MPH in health promotion from George Washington University's School of Public Health.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Explain how the Precaution Adoption Process Model can be used to move target audiences at high risk for LBTI along a sequence of stages from an unaware stage to an action stage.

Apply the Precaution Adoption Process Model to developing health education messages for other unfamiliar health conditions.

Keywords: Immigration Health, Infectious Disease, Qualitative Methods

Special Populations: Minority Populations

Full Abstract Detail: Background: More than 80% of U.S. Tuberculosis (TB) cases are believed to be associated with longstanding untreated latent TB infection (LTBI). People with LTBI do not feel sick, do not have symptoms, and cannot spread TB germs to others. But, if their TB germs become active, they can develop TB disease. Without treatment, on average 1 in 10 people with LTBI will develop TB disease. People born in or who frequently travel to countries where TB disease is common have a higher rate of TB.

Methods: In 2019, the Centers for Disease Control and Prevention (CDC) Division of Tuberculosis Elimination (DTBE) conducted 15 in-person focus groups in five U.S. cities, with people born in the six countries (Mexico, Guatemala, China, Vietnam, the Philippines, and India) that contribute over half of U.S. TB disease cases. The focus groups examined: 1) TB/LTBI knowledge, attitudes, and beliefs; and 2) TB/LTBI facts, concepts, and terms that are motivating and not confusing. The moderator explored general health concerns and TB-specific items, and sought feedback on TB educational messages and preferred communication channels.

Results: TB was not a top-of-mind health concern, and only 2 participants across all focus groups mentioned TB as health condition that concerned them most. Out of 126 participants, only 7 cited TB as a common health condition in their home country. The focus group discussions revealed knowledge gaps about TB and LTBI, the prevalence of TB, contagiousness, screening tests, the Bacille Calmette-Guerin (BCG) vaccine, reactivation of TB, risk factors, TB treatment, and TB-specific terminology. There were mixed reactions about what to do after a positive TB test—a critical action step.

Implications for Practice: Where do health professionals begin when the target audience exhibits severely limited baseline knowledge of a health condition (such as LTBI)? Applying the stage-based Precaution Adoption Process Model allows health educators to ‘meet the audience where they are.’ This model identifies multiple stages along the path from lack of awareness to action (unaware of issue, unengaged by issue, undecided about acting, decided to act, acting, maintenance) that are important to understand the issue and develop interventions.

Focus groups explored how health professionals can understand and educate individuals who may be at risk for TB. When the findings are viewed through the Precaution Adoption Process behavior change framework, they reveal knowledge gaps, motivators and barriers, and communication approaches necessary to move individuals along the continuum of awareness toward health seeking and preventive behaviors. Attendees will leave the session familiar with how this model can be applied to TB and many other health hazards, and various target audiences.

Session Type: Oral - Reaching Minority Populations

Session Title: Health concerns and risk behavior among Deaf people in Florida: A call for action

Session Number: A5

Submitting Authors: Tyler Glenn James

Co-Authors: Glenna Ashton, Ph.D., JeeWon Cheong, Stephen Joseph Hardy, II, Michael M McKee

Authors Bio: I am a doctoral candidate at the University of Florida where I focus on research regarding health disparities among Deaf American Sign Language (ASL) users. I am a Certified Health Education Specialist and have worked professionally with populations with disabilities for the past 6 years, with specific focus on Deaf ASL users and DeafBlind populations. During my health education practice, I have conducted extensive health needs assessments focusing on health equity and healthcare access. I was the 2018-19 SOPHE Student Fellow in Patient Engagement, awarded to me to investigate Deaf health disparities. I was the lead investigator of this study and conducted the analyses presented.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session the participant will (be able to) describe two of the top health concerns/disparities among deaf and hard-of-hearing people in Florida.

By the end of the session the participant will (be able to) justify the importance of using tailored and accessible communication strategies with Deaf American Sign Language users.

Keywords: Community Health, Epidemiology, Health Disparities

Special Populations: Disadvantaged Populations, Minority Populations

Full Abstract Detail: Deaf American Sign Language (ASL) users comprise a linguistic and cultural minority group who are understudied and underserved in health education and healthcare. This population is at higher risk for inadequate health literacy, lower fund of information, and lower receipts of preventive services due to communication barriers. To date, the vast majority of research on Deaf ASL-user health is from areas with larger populations, such as Rochester, NY, where Deaf people likely have higher educational attainment, higher socio-economic status, and more access to healthcare (with physicians who are ASL-fluent, and interpreters hired by the hospital system). Thus, the findings of research from the Rochester are less likely to be generalizable to the entire Deaf population in the U.S.

In 2018, we conducted the first community-engaged health behavior needs assessment among Deaf ASL-users in Florida. Our aim was to identify health disparities among a more generalizable Deaf population, that do not have the same access to healthcare communication or economic opportunities available in Rochester. We leveraged existing data to develop GIS products that informed a rigorous process of engaging community members and service centers; this academic-community partnership led to the translation of an English survey into ASL. Deaf participants were recruited over a 3-month period using convenience sampling approaches including peer-to-peer referral, social media, and community-based organization advertisements.

In total, 92 Deaf ASL-users (aged 18 to 80) completed the needs assessment. A majority of our sample were female (65%), white (78%), and employed (56%). Mental health was the most reported health concern (29%); 16% screened high risk of having depression. Over half (56%) used an emergency room in the past year, and 37% reported being denied an interpreter in a medical facility. Using the 2017 Behavioral Risk Factor Surveillance System data, we compared the prevalence of health behaviors among our Deaf sample, and hearing English-speakers (n = 17,860). Deaf individuals had a higher prevalence of ever being tested for HIV (58% vs. 42%) and binge drinking in the past 30 days (25% vs. 13%). When adjusting for socio-demographic characteristics, Deaf people had 1.8 times higher odds of binge drinking. There were no differences in the prevalence of having health insurance, current combustible cigarette use, or overweight and obese BMI.

Additional research is needed to better understand the occurrence of binge drinking and substance use among this population, in addition to the specific-nature of mental health concerns (which could be associated with binge drinking). We discuss recommendations for future health education research, and methods practitioners can use to justify the need for tailored and accessible health education programming which can help address access barriers and improve health equity among this population.

Session Type: Oral - Reaching Minority Populations

Session Title: Community Research Collaboration to Develop a Promotor-based Hereditary Breast Cancer Education Program for Spanish-Speaking Latinos

Session Number: A5

Submitting Authors: Rebeca Almeida

Co-Authors: Tania Dugatkin, Ms. Ysabel Duron, Dr. Laura Fejerman, Alejandra Lopez-Macha

Authors Bio: All authors are bilingual Latinas with research background and training in human subjects' research. Almeida is a Public Health & Ethnic Studies student who has been working with Dr. Fejerman as a research assistant, and has previous experience assisting in the development of health education curriculum and materials. Lopez-Macha is also a research assistant under Dr. Fejerman, and has provided critical guidance on the content development given her scientific background. Dugatkin is a graphic designer and breast cancer survivor who has been developing the overall aesthetic consistency of the program materials, as well as its readability and accessibility. Duron is founder of The Latino Cancer Institute organization, and has worked with the Latino community on cancer prevention. Laura Fejerman, PhD is an associate professor at UCSF, whose work focuses on breast cancer risk in Latinas.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session, the participant will be able to outline aspects of a culturally-appropriate educational program on hereditary breast cancer for Spanish-speaking Latinos.

By the end of the session, the participant will be able to explain some challenges in educating a population with low educational levels on a genetics-related topic.

Keywords: Health Disparities

Special Populations: Minority Populations

Full Abstract Detail: Breast cancer is the most common cancer in Latinas and the leading cause of cancer death. Latinas tend to be diagnosed later, have poorer survival rates, and receive poorer quality care than white women. It has been well documented that women at high risk for hereditary breast cancer (women with strong family history, or BRCA1 or BRCA2 carriers) greatly benefit from genetic counseling, which enhances early cancer detection. Despite the growing availability of genetic counseling and testing for hereditary breast cancer, awareness and use of these services is low among Latinas. We developed a comprehensive, culturally-appropriate set of materials for a community health educator (promotor)-led hereditary breast cancer educational program for the Latino community. The conceptual framework used to design didactic curriculum and the program structure was based on the construct of "relational culture." Materials were developed through an iterative process that involved 7 focus groups, including a total of 68 women (35 promotores and 33 community members). On average, they were 43 years old (SD= 11.62) and had been living in the U.S. for 16 years (SD= 7.55). Approximately eighty percent of them had limited English proficiency, and fifty-one percent had public insurance and a high school education. Seventy-two percent of participants were born in Mexico. The

conversation during the focus group sessions was directed towards hereditary breast cancer baseline knowledge, perceptions and learning preferences among Spanish-speaking Latino participants. A thematic analysis of the focus groups yielded five main themes: 1) barriers to health care, 2) importance of the program and 3) its dissemination, 4) educational value, and 5) cultural appropriateness. 1) Barriers referred to the program's ability to overcome traditional barriers to healthcare for Latinos; 2) Importance related to the significance of the program's content; 3) Dissemination referred to the easiness and value of disseminating the information covered in the program; 4) Educational related to the program's informational nature; and 5) culture referred to the program being perceived as culturally-appropriate. Results revealed that participants thought the materials were easy to understand, attractive, and engaging. They believed that the content would be easy to disseminate and important to the community. However, given that the materials encompassed genetics content, some promotores and community members expressed confusion, and feeling overwhelmed. To address this, materials were simplified, and additional didactic content was included. One of the lessons learned from the development was that it is critical to address the basics of breast cancer before introducing new knowledge about genetics and testing for hereditary risk. Future research is needed to determine the impact of the educational program on genetic counseling and screening behavior.

Session Type: Roundtable: Partnerships

Session Title: Learn to See the Problem You Don't See: Discover the Untapped Value in Your Collaborations and Partnerships

Session Number: A6

Submitting Authors: Jason Woo

Co-Authors: Matthew Weinburke

Authors Bio: Jason Woo, MD, MPH, FACOG, CAPT (Ret- USPHS) is the Chief Medical Office for the Arbinger Institute, an organization that helps change mindset and culture. As a board-certified obstetrician/gynecologist, Dr. Woo has over 30 years in multiple leadership roles as a Commissioned Corps officer of the U.S. Public Health Service. His leadership, senior executive, and public health educator experience covers the spectrum of roles as a hospital and clinic provider, director, and administrator, and public health leadership roles in research, education, regulation, emergency response and in leading direct patient care, process improvement, staff development and infrastructure initiatives. Throughout his career he has utilized a systems perspective from his economic development roots to initiate change, process improvement, and team and individual growth and development.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Understand the problem we don't see when our efforts at collaboration and partnering do not create lasting change.

Develop an individual mindset change that will improve the impact of one's collaboration efforts on their team's, partners' and organizational results.

Keywords: Partnerships/Coalitions, Quality Improvement, Social Influence

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: There are plenty of resources available to help us improve ourselves, our organizations and our collaborations. From the origins of Edwards Deming's Total Quality Management, to Kaizen and Lean Six Sigma, to more recent approaches in healthcare like High Reliability, TeamSTEPPS, and Triple (or Quadruple!) Aim, these all offer helpful information, strategies, and tools for us build our communication and collaboration skills to improve our ability to work with others and leverage the scarce resources supporting public health. However, after an initial improvement, if any, we often find our organizations falling back into the same challenges in communications, collaboration, team work and culture. An adage is that we often have the money and time to do it again, but never seem to do it right.

So, why is this? We as leaders wake up each morning, wanting to help our organizations, teams, each other be happy and valued. What is it that keeps us from successfully creating the changes needed for lasting success?

What we as leaders don't see is the problem. All the technical, process and subject matter expertise, knowledge and experience that gets us to the positions we are in are important and valuable, yet they also can distort our vision and our ability to see the problem clearly and truthfully. When this happens, emotional intelligence is not enough; nor are all the latest strategies, techniques or methods that are often promoted as the "way" out, to help us address this core challenge.

This session offers participants an opportunity to understand the cause of their distorted view. Through vignettes, individual and group exercises, participants explore the cause of their self-deception, leaving with a clearer vision and mindset to improve their individual and team results in a more lasting way. Emphasis will be on how we as educators can not just move out of our comfort zones but see where we have not held ourselves accountable for better engaging with others, embracing that they have needs, objectives and challenges that we can better align with to build connection and sustained improvement. This approach has been consistently effective in the non-profit, private and public sectors spaces and collaborations.

This session will benefit any team member, supervisor or executive who wants to improve their own, their team, or their organization's performance, collaboration and impact efforts. The material presented is applicable to everyone in their personal and professional lives irrespective of their place in an organizational hierarchy. The material will leverage their current knowledge of communication and collaboration competencies and skills to help them be more effective and not just efficient in their relationships.

Session Type: Roundtable: Partnerships

Session Title: Meeting the Community Where They Are: Bringing Check. Change. Control. to the Y

Session Number: A6

Submitting Authors: Skye McDonald

Co-Authors: Bridget Behrmann, Amanda Changet, M.S., Miss Caitlin Judith Gagnon, Brittany Rosen

Authors Bio: Skye McDonald, M.S., CHES, is a doctoral candidate at the University of Cincinnati in the Health Promotion and Education Program. She received her Bachelor of Science in Health Education and her Master of Science in Health Education with an Emphasis in Teacher Education from Texas A&M University. Her research focuses on sexuality education, specifically for individuals with disabilities. She has coauthored six publications and numerous national and international presentations. She is a current member of the American School Health Association, Society for Public Health Education, and Eta Sigma Gamma.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Describe the collaboration process between an upper level health course, the American Heart Association, and the YMCA to: a) plan, b) implement, and c) evaluate the Check. Change. Control. program at three local YMCAs.

Identify three benefits of implementing health education programs at community organizations, such as the YMCA, and discuss future directions for the program.

Keywords: Cardiovascular Disease, Community Health, Partnerships/Coalitions

Special Populations: Disadvantaged Populations, Minority Populations

Full Abstract Detail: Purpose: Approximately one in three adults are living with hypertension and half of those individuals are unaware. Hypertension is most prevalent among Americans aged 60 or older and among African Americans. The purpose of this presentation is to: 1) describe the collaboration process between an upper level health course, the American Heart Association, and the YMCA to plan, implement, and evaluate the Check. Change. Control. program at three local YMCAs, 2) identify three benefits of implementing health education programs at community organizations, and 3) discuss future directions for the program.

Methods: Upper level undergraduate students in a health education course at a university in Ohio were trained by the American Heart Association as program facilitators for Check. Change. Control. - an evidence-based, self-monitoring blood pressure program designed to positively impact an individual's blood pressure and encourage healthy lifestyle choices. Students were assigned to programs at three local YMCAs. These three local YMCAs were located in communities with a large African American population as well as a large population of individuals over the age of 60. Prior to the start of the program, students received training on how to identify and understand the blood pressure categories, take blood pressure, and were provided educational materials to help facilitate each of the eight educational sessions. Students facilitated educational sessions once a week for eight weeks. Each

session consisted of a blood pressure reading, which was recorded in the participant's workbook and on the American Heart Association's online tracker, and provided education and resources on a variety of topics.

Results: A total of 10 participants were enrolled in Check. Change. Control. at three different YMCA locations. Over 70 educational sessions and blood pressure screenings were provided during the course of the program. For those participants who had a first and last reading, 88% moved from an uncontrolled state to a controlled state for their blood pressure. With an average drop of 20.2 mm Hg in systolic blood pressure and 7.3 mm Hg drop in diastolic blood pressure, there was an overall 49% risk reduction for heart attack and 76% risk reduction for stroke in these participants.

Discussion: Partnerships between universities, national organizations, and local communities provide unique and innovative opportunities to prevent and manage chronic illnesses like hypertension. Providing health education programs at an organization, like the YMCA, allows for individuals who might not have the time or resources to attend health education programs in other settings to benefit from such programs. Additionally, because individuals attending the YMCA are already looking to make lifestyle changes, Check. Change. Control. provides them with more opportunities to take control of their own health.

Session Type: Roundtable: Partnerships

Session Title: Lessons learned from a community-academic partnership to promote children's health and well-being at the community level in New York State

Session Number: A6

Submitting Authors: Dr. Christine T Bozlak

Co-Authors: Paige Hughes, Shea Kelly, Kyle Stewart

Authors Bio: Christine T. Bozlak, PhD, MPH, is an associate professor in the Department of Health Policy, Management, and Behavior at the University at Albany School of Public Health. She has also served as the Principal Investigator on the projects that are part of this presentation.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Explain how a community-academic partnership can evolve from an initial needs and assets assessment to a health promotion intervention study within community-based organizations.

List three ways that a community-academic partnership can collaborate to secure funding for health promotion projects to support children's health promotion.

Keywords: Child/Adolescent Health, Community-Based Participatory Research, Partnerships/Coalitions

Special Populations: Children & Adolescents

Full Abstract Detail: Introduction: Community-academic partnerships present child health promotion opportunities. Many community-level health promotion partnerships in the United States are currently focused on policy, systems, and environmental change (PSE) intervention strategies that require mutually beneficial, respectful, and collaborative decision-making processes. However, these partnerships are not inherently organic, and thus must be cultivated and maintained in order to ensure their long-term sustainability and positive community health impacts.

Description: This presentation will detail the seven year path to create and maintain a community-academic partnership between the Alliance of New York State YMCAs and a University at Albany School of Public Health faculty member to address childhood obesity, and overall children's well-being, at the community level in New York State. The presentation will include a brief description of each of the following partnership initiatives: 1) the initial collaborative project focused on a statewide YMCA child health promotion needs and assets assessment; 2) a child health promotion program evaluation that resulted in effective advocacy for additional state funding for the New York State YMCAs and this partnership; 3) the current pilot health promotion intervention study focused on supporting the YMCA's Healthy Eating and Physical Activity (HEPA) infant feeding standard and breastfeeding promotion within a sample of New York State YMCAs. This presentation will briefly highlight each of the stages and outcomes of these collaborative health promotion projects within this partnership.

Lessons Learned: Through this partnership, the authors have learned strategies to transition the partnership through different stages and types of health promotion projects focused on PSE

intervention strategies to impact children's health at the community level. Lessons learned also pertain to securing and advocating for funding to maintain the partnership and this work.

Recommendations: The presentation will conclude with recommendations for other community and academic entities wanting to think strategically about the trajectory of their partnership for children's health promotion at the community level. Specific strategies will be shared for partnership sustainability, in terms of funding and structure, for maximum and sustained health promotion impact.

Session Type: Roundtable: Partnerships

Session Title: Leveraging the power of partnerships: A community, legislative, and academic collaboration to improve food access in Passaic, New Jersey

Session Number: A6

Submitting Authors: Dr. Lisa D Lieberman

Co-Authors: Jacqueline A Bavaro, John Biegel, Amanda S Birnbaum, Joanne Hathaway

Authors Bio: As a professor of public health, I served as the co-instructor for this MPH course, building on 30+ years of community-based program evaluation experience, to assist students and the health department in this evaluation partnership.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Discuss a unique academic partnership with a city health department to provide evaluation services for a new legislative ordinance.

Describe specific successes and challenges in the evaluation process that emanated from varying perspectives on the nature of and need for the legislation.

Identify how to build academic and community partnerships that can enhance population health, improve legislative efforts, and build on the perspectives of both students and community health professionals.

Keywords: Evaluation and Measurement, Health Policy, Nutrition and Obesity Reduction

Special Populations: Children & Adolescents, Disadvantaged Populations, Maternal & Infant Health

Full Abstract Detail: In Fall 2017, the City of Passaic, NJ became the second municipality in the nation to pass a Staple Foods Ordinance, designed to improve availability of healthy foods for purchase, in a low-income, predominantly Latino community, with high rates of diabetes/obesity/chronic disease, and limited supermarket access. The initiative had been passed quickly, due to enthusiasm among the legislature and Mayor, in collaboration with a strong and well-respected Health Department. The legislation required store owners to stock certain healthy staple food items, and was built on the first-in-the-nation legislation in Minneapolis, MN. In Passaic, concerns about high lead levels among children led to an added focus in the initiative to reduce the sale of imported pottery, dishware, and foods which were thought to contribute to high blood lead levels. Once legislation passed, the Health Department needed to mobilize quickly to engage store owners, and collect baseline data with which they would later assess compliance and improvement in the food environment. The Health Officer (who was an adjunct faculty member in an academic public health program), the city's health educator (and MPH student), and students in an applied community health education research course (designed to engage with local public health providers) formed the perfect partnership. Assisting Passaic in rolling out the new legislation presented a perfect opportunity for Community Health Education MPH students to engage in the challenges of real world evaluation and assessment, and enabled Health Department staff to see the initiative from the perspective of both store owners, and highly-engaged, new professionals. Under the guidance of experienced faculty, MPH students served as a consultant team that planned,

designed, collected and analyzed baseline inventory and interview data from 153 city stores subject to the ordinance. Store owners were already engaged in many of the practices required by the ordinance, but sought specific assistance that would enable them to be fully compliant and that would enable the ordinance to have its planned impact. The new perspective afforded by this unique opportunity reflected on several challenges - language, expectations and concerns of store owners, and a focus on traditional pottery and foods that some considered negative and non-culturally-affirming. The partnership enabled rapid data collection at a scale beyond the city's own capacity and data that have been used in the continued work to implement the new policy. Students ranked the project as the high point of their MPH experience. Ultimately, the partnership involving graduate students, Health Department staff, store owners, and legislators, yielded new perspectives among all of these groups on legislating health, on diet and obesity, on differences between "inspection" and program evaluation, and, most important, on culturally affirming ways to improve population health.

Session Type: Roundtable: Partnerships

Session Title: Assessing the benefits and feasibility of a mobile food pantry serving culturally and linguistically diverse neighborhoods

Session Number: A6

Submitting Authors: Dr. Tracey L. Thomas

Co-Authors: Jolynne Bartley, Jennifer Walsh

Authors Bio: Tracey Thomas, DrPH, CHES, is an assistant professor at James Madison University (JMU) in the Department of Health Sciences, where she teaches courses in population health and research methods. With an academic and professional background in public health, she has developed, implemented, and evaluated community- and school-based health education programs, many of which have focused on healthful eating behaviors and practices. Additionally, with a particular interest in food systems, she has planned and conducted evaluations of urban and rural community garden projects developed to increase food access and security. She served as a co-PI on the current study.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Describe 3 key benefits of mobile food pantries to residents of culturally and linguistically diverse neighborhoods.

Assess the feasibility of mobile food pantries to reduce barriers to fresh, healthful foods among limited-resources families.

Keywords: Community Health, International/Cross-Cultural Health, Nutrition and Obesity Reduction

Special Populations: Disadvantaged Populations, Minority Populations

Full Abstract Detail: The Neighborhood Produce Market (NPM) is a collaboration among university, nonprofit, and private partners to distribute fresh produce to families at no cost. Set up like mini farmers' markets, the NPM serves families participating in a mobile literacy program that services 13 neighborhoods in Harrisonburg, VA. Neighborhoods are not within walking distance of a full-service grocery store, and residents face transportation and/or language barriers to accessing traditional food pantries. Less than 1/3 of households primarily speak English and 90% have incomes less than \$30,000. Although previous research has identified mobile food markets as a strategy to increase access to fruit and vegetables for limited-resource families, there has been less research on the feasibility and benefits of mobile food pantries. Further, the majority of data related to mobile food markets and pantries has been collected from community members proficient in English. This mixed methods study explored the NPM patron experience to assess the feasibility of the mobile food pantry model as a strategy to reduce barriers to accessing fresh, healthful food. The study was conducted in three phases to 1) assess the benefits of the NPM markets to patrons using interviews, 2) inform, develop, and test a survey based on interview themes, and 3) administer a survey to determine differences between NPM patrons and adults from similar neighborhoods not receiving NPM services. To ensure the full NPM experience was realized, researchers worked with translators and interpreters to conduct interviews and administer

surveys in Arabic, English, and Spanish. This presentation will highlight key benefits of the NPM mobile pantry model and strategies to improve the approach to better meet the needs of culturally and linguistically diverse communities, particularly needs related to food access, behaviors, and practices.

Session Type: Roundtable: Partnerships

Session Title: Working with Partners to Communicate Program Success

Session Number: A6

Submitting Authors: Holly R Wilson

Authors Bio: Holly Wilson is a Master Certified Health Education Specialist who has been with CDC since 1999.

She began her career as a health educator with the viral hepatitis program, later moving to the TB elimination program. Currently, she works with the Environmental Public Health Tracking Program as part of an interdisciplinary team displaying and communicating environmental public health data in different ways to meet the needs of a variety of audiences, from academic researchers to concerned parents. Holly has taught a success stories writing course for CDC University since 2015, drawing on her experience writing about the Tracking Program's successes. She also provides technical support in this area to CDC programs and to external programs and partners. Holly holds bachelor and master degrees in health science education from the University of Florida.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the end of this session, participants will be able to:

Identify solutions to challenges for working with partners to create success stories

Develop compelling stories with partners to communicate program success

Keywords: Partnerships/Coalitions, Social Marketing/Health

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Strong, effective partnerships are key contributors to successful program implementation and sustainability. Recognizing the contributions of your partners can help maintain and strengthen existing relationships and attract new partners. One way to demonstrate the valuable assistance provided by partners is through success stories. However, challenges exist with this process, such as ensuring appropriate attribution, differing style preferences, and approval issues.

In this session, participants will learn how to collaborate with partners to write compelling stories that communicate the success of public health initiatives. Session topics include planning for and finding stories to tell, addressing challenges in the process, understanding audiences, choosing the best format, and disseminating final products. Real-world examples from CDC's Environmental Public Health Tracking Program will be used throughout the session to illustrate the six basic steps in writing good stories: identifying your audience; developing objectives; gathering information; writing; formatting; and editing. Participants will spend part of the session drafting success stories and getting feedback on them from the instructor and other class participants. New, mid-career, and seasoned professionals would benefit from this session.

The proposed duration for this session is two hours.

Session Type: Roundtable: Partnerships

Session Title: Leveraging Partnerships to Strengthen Community Engagement in Houston's Lead-burdened Neighborhoods

Session Number: A6

Submitting Authors: Komal Sheth

Authors Bio: Komal Sheth was born and raised in the Houston area. She completed her undergraduate education at Northwestern University, and graduated with a Master of Public Health degree from Texas A&M University School of Public Health. She has experience working in research and clinical settings prior to joining the Houston Health Department. Komal currently serves as Project Coordinator for the BUILD and Health in All Policies projects. These programs are working in improving environmental health with a focus on childhood lead poisoning reduction and asthma trigger abatement. Komal tracks data to identify high-risk lead poisoning and asthma attack areas; strengthens community engagement by developing partnerships with community groups; leverages these partnerships to conduct screenings; and creates parcel-level risk maps for use in informing where to target education and interventions.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the end of the session, the participant will be able to describe how communities with disadvantaged populations can engage in and take ownership of strategies for lead poisoning prevention in at-risk children.

Keywords: Child/Adolescent Health, Environmental & System Change, Health Disparities

Special Populations: Children & Adolescents, Disadvantaged Populations, Minority Populations

Full Abstract Detail: The Houston Health Department (HHD) is changing systems to decrease lead poisoning and increase community engagement and capacity through innovative partnerships in environmentally overburdened communities. The selected Houston communities have demonstrated a capacity for leadership and advocacy. The potential for piloting and scaling is amplified by a mayoral initiative to focus resources in historically underserved communities.

The partnerships take a place-based approach in two Houston neighborhoods that are hotspots for environmental injustices and detrimental health outcomes. These communities are heavily interspersed with industrial complexes due to lack of zoning. Up to 92% of homes in these communities are at-risk for lead-based paint, and 25% of children historically screened have had elevated blood lead levels, a sign of lead exposure.

The HHD partnered with local community groups (e.g., churches, senior centers, etc.) to identify community residents to volunteer as "block captains" to improve environmental health in their neighborhood. The HHD provided training workshops in which the block captains were: educated about the health hazards of lead paint, trained to identify the signs of lead-based paint in homes, and informed on basic eligibility criteria to refer at-risk homes to the HHD Lead-Based Paint Hazard Control Program. Block captain teams were equipped with maps and data on potential lead paint risk at the parcel level. The teams organized community "block walks", during which they utilized their training, risk maps, and

intimate knowledge of their neighborhood to survey homes by: conducting visual assessments for lead paint, speaking with families to invite them to enter the city's lead abatement program, and documenting homes to refer for abatement. The HHD connects directly with the block captains, who serve as the point-of-contact for neighborhood residents, to remain aware of the challenges the community is facing which strengthen these partnerships in a continuous feedback loop. This approach revolutionized the HHD's traditional method of home recruitment, through which residents had to self-identify homes for abatement, into a system where neighbors are helping neighbors create a healthier community.

Significant achievements from using this approach include an improved ability to reach minority groups who are uncomfortable interacting with the government, and the potential for the use of block captain networks for other environmental challenges. Community residents, by referring homes and executing visual inspections themselves, demonstrated increased awareness and capacity. Increased community engagement led to high profile events with HUD and a "teaching up" of lead awareness to city leaders. This opportunity accelerated changes in processes, internal practices, and partnerships, such as the introduction of lead screening at a local WIC, which increased the surrounding neighborhood's screening rate.

Session Type: Oral - SEL

Session Title: Social and Emotional Learning (SEL) Resources for School Health: Results from an Environmental Resource Scan

Session Number: B1

Submitting Authors: Adina C. Cooper, PhD, MEd

Co-Authors: Sarah M. Lee, PhD, Leigh E. Szucs, PhD, CHES

Authors Bio: Adina C. Cooper, PhD, MEd is an ORISE Evaluation Fellow at the Centers for Disease Control and Prevention (CDC) School Health Branch. She delivers technical assistance to federally funded state agencies and conducts research and translation to enhance school health policies and practices. Currently, she leads efforts to address school-based social and emotional learning at CDC School Health Branch and supports federal grantees in promoting student social and emotional wellness. Prior to joining CDC in 2015, she applied research and evaluation methods to inform school-based prevention programs to promote health and academic achievement for diverse youth. Dr. Cooper earned her Bachelor's degree in Psychology at Hampton University, her Master of Education degree in Professional Counseling at The University of Georgia, and her doctoral degree in Community Psychology at DePaul University.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Identify at least 5 resources which can be used to support school-based social and emotional learning (SEL) approaches for all youth.

Describe implications for using SEL resources to support school health policy, practice, and related health outcomes for students.

Keywords: Child/Adolescent Health, School Health

Special Populations: Children & Adolescents

Full Abstract Detail: Background: Social and emotional learning (SEL) is a developmental framework in which youth strengthen skills needed for health development. Schools are critical venues for strengthening SEL competencies for youth and can use a variety of implementation strategies. Making SEL accessible to all students supports academic achievement and is important to promoting equitable health and academic outcomes for students. To date, a considerable amount of resources, tools, and guidance exists to support SEL approaches; what is less known, however, is what support exists for implementing SEL within the context of school health. The purpose of this study was to identify existing resources (e.g., toolkits, manuals, guidelines, programs) to support the implementation of SEL approaches in schools that promote domains of the Whole School, Whole Community, Whole Child (WSCC) framework, specifically health education, physical education, nutrition, and counseling/psychological services, and out-of-school time).

Methods: An environmental scan was conducted using four internet search engines (i.e., Google, Google Scholar, Bing, and Yahoo). To be included in the study, search results must have been (1) guides,

guidelines, guidance documents, manuals, programs, practices, policies, toolkits and other SEL resources; (2) published between 2010-2019, and (3) publicly-available, accessible, and free. A series of key terms related to SEL, school health and the key WSCC domains were searched across all four search engines and resources were recorded from the first five pages of the returned results.

Results: The results included 199 resources for developing and integrating practices to promote SEL for youth in elementary and secondary schools, stratified by characteristics such as: national, state, or local resource; type of resource (e.g., toolkit, standards); and WSCC school health component. Forty-eight resources (24%) addressed SEL in the context of WSCC school health domains. Resources largely focus on promoting social and emotional development through supportive programs and practices. Many of the resources addressed student diversity in SEL implementation and the role of SEL in promoting health and educational equity. Findings illustrated a diversity in resource type (e.g., guide, toolkits, competencies), intended target audience (e.g., educational leaders, administrations, and classroom educators), and venues for implementing SEL strategies (e.g., during and out-of-school time).

Conclusions: While many resources addressing school-based SEL approaches are available, a small percentage are available that offer specific guidance for separate and collective components of the WSCC framework. Considerable opportunities exist to improve the SEL resource landscape for schools wishing to address WSCC-related domains and implementation of policies, programs, and practices which influence health and academic outcomes for all youth.

Session Type: Oral - SEL

Session Title: Joining forces: Connecting health education and social-emotional learning

Session Number: B1

Submitting Authors: Dr. Eko Natividad Canillas-Myles

Co-Authors: Dr. Angela D Glymph, Lisa Walker

Authors Bio: Eko Canillas-Myles, M.A.Ed., Ed.D. is the Director of Program Design and Development for at Peer Health Exchange. In her role, Eko is responsible for building and maintaining Peer Health Exchange's high impact program to that meet the needs of the communities Peer Health Exchange serves and to meet its vision of advancing health equity and improving health outcomes for young people. Eko's professional portfolio includes developing out-of-school time programming, providing capacity-building support to neighborhood and professional communities across LA County and directing programming which addresses access and equity gaps. Eko completed her undergraduate studies at the University of California-Los Angeles, her graduate studies from Pepperdine University, and her doctoral studies at the University of Southern California. Eko's pronouns are her, she and hers.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Identify 2-3 ways social and emotional learning (SEL) competencies align with health education standards.

Identify 2-3 ways SEL competencies can be evaluated in health education programming.

Keywords: Child/Adolescent Health, Program Planning, School Health

Special Populations: Children & Adolescents

Full Abstract Detail: Any teacher has heard the term "social-emotional learning" with increasing frequency over the last several years. According to the Collaborative for Academic, Social, and Emotional Learning (CASEL), social and emotional learning, or SEL, "is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions." While many districts and schools still have not prioritized comprehensive, skills-based health education, most have embraced social-emotional learning as critical to their the success of children and adolescents in school and beyond. So, does this mean that health education has one more thing to compete with? It doesn't have to, and can instead be a tool for health educators, because the skills built through health education are also the skills that CASEL calls out as critical to social and emotional development.

CASEL identifies five core competencies in social-emotional learning: self-awareness, self-management, social awareness, relationship skills, and responsible decision making. The National Health Education Standards (NHES) similarly emphasize skill-based competencies over content knowledge: analyzing influences, accessing information, interpersonal communication, decision making, goal setting, self-management, and advocacy. There are many overlaps between the CASEL competencies and the NHES

standards, and health educators can use this to achieve both health education and social and emotional learning objectives in their lessons.

In this session, we will present how Peer Health Exchange has integrated SEL competencies in alignment with health education standards as well as how it has been evaluated. Peer Health Exchange (PHE) is a national non-profit that has empowered young people with the knowledge, skills and resources they need to make healthy decisions since 2003. To achieve this mission of health equity, PHE trains college-aged near peers (8,500+ to date) to facilitate a trauma-informed and skills-based health education program in under-resourced ninth grade classrooms nationwide. The skills-based PHE curriculum focuses on several of the intersections of social and emotional learning competencies.

In this session, we will present practical examples illustrating the ways in which PHE has designed SEL competencies in its curriculum and describe the specific activities created to develop SEL skills. While PHE works with high school students, the techniques described are applicable to all who work in a K-12 setting.

We are currently collecting data to determine the impact our program had on development of social and emotional skills such as self-awareness and self-management, and will be able to share results with participants as an example of evaluation measurements and outcomes relevant to integrating (or designing) SEL into health education.

Session Type: Oral - HESPA II

Session Title: Leveraging Various Sectors and Partnership to Validate Health Education Practice: Results of HESPA II

Session Number: B2

Submitting Authors: Melissa Opp

Co-Authors: Kathleen Allison, Dr. Kadi R Bliss, Dr. Randall R. Cottrell, Adam Knowlden

Authors Bio: Linda Lysoby, MS, MCHES, CAE is the Executive Director of the National Commission for Health Education Credentialing, Inc (NCHEC). She is a Master Certified Health Education Specialist (MCHES®) and also a Certified Association Executive (CAE) as conferred by the American Society for Association Executives (ASAE). Mrs. Lysoby has over 17 years' experience as the executive director of a credentialing organization, and extensive experience in management within non-profit organizations. She has been involved with four health education job/practice analysis projects

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Explain the results of the national study to verify the entry and advanced levels of practice of health education specialists.

Describe the curricular mapping process for academic institutions to align programs with current health education practice.

Keywords: Continuing Education, Professional Preparation, Workforce

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: The National Commission for Health Education Credentialing (NCHEC) and the Society for Public Health Education (SOPHE) in partnership, conduct a practice analysis of health education specialists across various sectors every five years, to update and validate the contemporary practice in the health education profession. Results of the study known as the Health Education Specialist Practice Analysis II (HESPA II 2020) provides a systematic and valid update of the entry and advanced areas of practice in the health education and promotion field. In addition, the study yielded identified eight (8) Responsibilities, 35 Competencies, and 192 Sub-competencies that are the basis for a curricular framework which serves to 1) guide curriculum development in university/college professional preparation programs, 2) assist continuing education providers to prepare professional development opportunities, and 3) serves as the basis for the Certified Health Education Specialist (CHES®) and Master Certified Health Education Specialist (MCHES®) examinations. During this session results of the study will be presented and participants will be introduced to the HESPA II 2020 framework. In addition, this session will walk participants through the curriculum mapping process for academic institutions using, A Competency-Based Framework for Health Education Specialists, to strengthen the relationship between the new Areas of Responsibility and course outcomes.

Session Type: Oral - Arts & Health

Session Title: Creating Healthy Communities: Arts + Public Health in America

Session Type: Oral - Cross Sectors

Session Title: PHRASES: Public Health Reaching Across Sectors – Tools for Collaboration and Examples from Student Field Placements

Session Number: B3

Submitting Authors: Mrs. Michelle L Carvalho

Co-Authors: Dr. Melissa Alperin, Mary Joyce Bacon, Laura M Lloyd, Hilary Merlin, MEd

Authors Bio: Michelle Carvalho, MPH, MCHES® serves as Program Manager of the Region IV Public Health Training Center and a PHRASES Fellow of the de Beaumont Foundation and Aspen Institute. She serves as a one of the key liaisons with health departments in the eight southeastern states of HHS Region IV to advance workforce development of current and future public health professionals. She helps to strengthen partnerships, manage student placements with mentors, coordinate a leadership institute, and mobilize communities in the southeast through workforce development including in-person workshops and various distance modalities. Many of the initiatives she facilitates incorporate cross-sector partnership, coalition-building, and inter-professional training in which finding common language and mission is critical.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: - Describe case examples of cross-sector collaboration in student field placements in applied practice community settings;

- Identify communication tools from the PHRASES Toolkit to apply in future cross-sector collaboration

Keywords: Career Development/Professional, Partnerships/Coalitions, Workforce

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Momentum is building for cross-sector collaboration to promote thriving communities and address social determinants of health. This session provides case examples of how the Region IV Public Health Training Center's student field placement program supports partnerships and coalitions. It will also share practical resources from the new PHRASES (Public Health Reaching Across Sectors) Toolkit, which may be a useful tool for future students and mentors. PHRASES is a workforce development initiative to help public health leaders communicate the value of public health to partners and decision makers in other sectors.

Since 2015, the R-IV PHTC's Pathways to Practice Scholars program has placed over 100 public health students across the eight Southeastern states to engage in experiential learning projects in medically underserved communities. The R-IV PHTC's Central Office at Emory University, together with Community-based Training Partners in the eight states, places students at sites including state, local, and tribal health departments; Area Health Education Centers; primary care clinics; and community-based organizations. Case examples illustrate that student placements support cross-sector collaborations with transportation, business, policy, education, agriculture, and housing. Inter-professional placement projects with primary care agencies such as clinics, rural family practice, and migrant farmworker program, strengthen the intersection of public health with healthcare. Students

support health department accreditation by facilitating coalition work on Community Health Assessments and Community Health Improvement Plans.

However, more training and tools are needed to enhance current and future cross-sector work for students, mentors, and partner agencies. Few public health professionals receive training to develop the skill of framing public health messages in ways that resonate with other sectors. Effective partnerships begin with asking partners what they need, rather than starting the conversation with what public health needs. The PHRASES toolkit, a collaboration of the deBeaumont Foundation, Aspen Institute, and FrameWorks Institute, can serve as a resource for our students and partners. This toolkit ties together public health evidence with communication framing research and testing to help more effectively communicate the value of public health to other sectors. The tools include stories from the field, a resource library about the art and science of framing, the evidence behind cross-sector collaboration, and samples of memoranda of understanding and governance structures for shared decision making. The session will provide an overview of the tools and engaging activities to apply these perspectives to the work of health educators. Tools and examples from this session are relevant for new professionals, mid-career professionals, and seasoned professionals for further career development and professional preparation.

Session Type: Oral - Cross Sectors

Session Title: Cross Sector Engagement for Health and Climate Adaptation

Session Number: B3

Submitting Authors: Meghan Sansivero

Co-Authors: Sara Isaac, Eric Lahr, Paul Schramm

Authors Bio: As a senior strategist, Sara Isaac is skilled at both the art and science of social marketing and communications. Sara has led some of Marketing for Change's most successful campaigns, including Find the Fun, a campaign to encourage physical activity that branded Pinellas County, FL as the "capital of fun" and created a Yelp-like web tool for residents to find active fun nearby. She has worked with Oral Health America to highlight the importance of oral health to seniors' well being; with the MacArthur Foundation to address education inequality; with the CDC to help health departments communicate about the health effects of climate change. Sara holds a bachelor's degree from UC Davis and a master's from the Johns Hopkins University School of Advanced International Relations. She is working toward a master's in behavioral science from the London School of Economics.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: 1. By the end of the workshop participants will understand how they can apply the cross-sector communications guidance from CDC in their local setting.

2. By the end of the workshop, participants will understand how to create an outreach plan to initiate cross-sector outreach for climate adaptation that benefits community health.

Keywords: Community Health, Partnerships/Coalitions, Social Marketing/Health

Special Populations: Disadvantaged Populations, Maternal & Infant Health, Older Adults

Full Abstract Detail: Changes to the global climate are creating public health impacts that already are being felt in communities across the United States. From an increase in extreme heat in California cities where most homes lack air conditioning; to a shift from snow to freezing rains in Wisconsin that creates newly dangerous winter conditions; to the spread of disease-bearing ticks and mosquitos from Arizona to New Hampshire, health officials across the country are faced with new and expanded threats to community health that are affecting disadvantaged populations, older adults, women and children, and others.

For nearly a decade, the Centers for Disease Control and Prevention (CDC) has been at the forefront of efforts to identify, prepare for and respond to the public health impacts of climate change through its Climate and Health Program. Integral to this effort is the Climate-Ready States and Cities Initiative, which has helped local and state health departments use the Building Resilience Against Climate Effects (BRACE) framework to conduct vulnerability assessments and undertake adaptation planning and implementation. To be effective, these adaptation efforts can include coordinated community response. Health department staff may need to collaborate and communicate with sectors outside the usual public health circles. Despite existing expertise, due to staffing and funding constraints it can be difficult for health department staff to adequately engage in cross-sector climate and health partnerships.

To facilitate health department staff cross-sector outreach, which in turn will support the inclusion of health concerns into community climate adaptation planning, Marketing for Change began work with CDC in 2018 to develop 10 sector-specific communications packages. The process has included input from health departments, non-governmental health groups, and experts in each of the ten sectors.

Social marketing and communication experts from Marketing for Change, along with staff from the CDC Climate and Health Program, will lead this interactive workshop by sharing guidance from the communication packages and practical tips to help participants apply the guidance to their local setting. The workshop will cover best practices for effective cross-sector collaboration and key messages that any health educator interested in climate adaptation can apply to their work. We will then lead participants through a few exercises – working in small groups or pairs – to plan their own cross-sector outreach tailored for their community or organization. Participants will use materials developed for the Climate-Ready States and Cities Initiative to map resources, set priorities and begin creating an action plan for a coordinated community response to climate and health adaptation.

Session Number: B5

Submitting Authors: Jill Sonke

Co-Authors: Miss Shanaé R Burch, Ed.M, Kelly Cornett, David Fakunle, Stacey Springs

Authors Bio: Jill Sonke is director of the Center for the Arts in Medicine at the University of Florida (UF) and Assistant Director of UF Health Shands Arts in Medicine. She serves on the faculty of the UF Center for Arts in Medicine, and is an affiliated faculty member in the School of Theatre & Dance, the Center for African Studies, the STEM Translational Communication Center, the One Health Center, and the Center for Movement Disorders and Neurorestoration. Jill is also director of the national initiative, Creating Health Communities: Arts + Public Health in America, in partnership with ArtPlace America. With 25 years of leadership in arts in medicine, Jill is active in research, teaching, and international exchange. Her current research focuses on the arts in public health and health communication and on the effects of music in emergency medicine.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: 1) Participants will articulate the value of the arts in public health education to build a culture of health.

2) Participants will evaluate a national initiative for building cross sector collaboration between the arts and public health to improve community health in the United States.

Keywords: Community Health, Cultural Competence, Program Planning

Special Populations: Disadvantaged Populations, New Professionals, Seasoned Professionals

Full Abstract Detail: Innovation is taking root at the intersections of art, culture, public health, and community development throughout the United States. The Creating Healthy Communities: Arts + Public Health in America initiative, a national partnership between the University of Florida Center for Arts in Medicine and ArtPlace America is designed to accelerate this innovation. The translational initiative engages a comprehensive agenda of research, knowledge-sharing, collaboration, publication and resource building to drive significant advancements in community health through evidence-based engagement of the arts and culture. The session will overview the initiative and share findings from national working group convenings, surveys, focus groups and evidence synthesis. It is intended to offer ways that public health students, educators and professionals can engage with the arts and culture to improve the cultural competence of health education and potentially improve the health outcomes of diverse populations.

Public health is becoming increasingly cognizant of the broad forces that shape health and the need to address these through through a “fifth wave” approach - supporting the cultural conditions that favor health equity (Hanlon, Carlisle, Hannah, Reilly, & Lyon, 2011). As the discipline embraces a socio-ecological perspective and moves back its focus from considering health as being determined primarily by individual-level decisions, public health education is faced with the call to contribute to relevant and innovative multi-sector interventions. The arts and culture have historically been woven into making social issues visible and acting as a catalyst for change. As public health education broadens its focus, collaborations between the arts and health education are increasingly important.

The arts and culture play an important role in how diverse groups of stakeholders create and thrive within the conditions that produce health outcomes. This session presents theoretical reflections, practical examples and empirical findings of work exploring how the arts and culture are engaged in public health. In addition, it investigates the unexplored assets, potential challenges, and future directions of collaborations. Following this session, participants will be able to articulate the value of the arts in public health education to build a culture of health. In addition, participants will reflect upon a national initiative for building more cross-sector collaboration between the arts and public health to improve community health and wellbeing in the United States.

Session Type: Oral - Storytelling/Food Dignity

Session Title: Food Dignity: Collaboration as a Catalyst to Improve Food Access & Public Education

Session Number: B4

Submitting Authors: Clancy Harrison

Authors Bio: As a TEDx speaker, registered dietitian, and food dignity crusader, Clancy Harrison challenges the way food insecurity is approached and is transforming the food culture in the United States. Clancy speaks to over 100,000 experts each year. She is the creator and consultant of Food Dignity, a strategic program for organizations who want to shift their approach to health and wellness by making food access a priority.

Currently, Clancy is an Ambassador of the National Dairy Council, the President of the Al Beech West Side Food Pantry, and teaches at the Pennsylvania State University. She is the founder of multiple grassroots anti-hunger projects and is a lead researcher and co-author of the forthcoming Hunger Corporate Guidebook for the United Nations.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Describe the role of public health educators with food insecurity and collaborative leadership to create better solutions for complex food and nutrition problems.

Implement strategies that bridge community resources through unique collaboration to improve health outcomes and increase access to nourishing food.

Identify the tools to normalize food assistance and be a leader of social change in the United States

Keywords: Empowerment

Special Populations: Seasoned Professionals

Full Abstract Detail: The United Nations calls “collaboration critical... if we are to create a more inclusive, just, and sustainable world.” Solutions to complex food and nutrition problems require leadership and collaboration from various partners: government leaders, funding agencies, schools, hospitals, the private sector, the non-profit sector, and more.

Hunger is a public health crisis. It lurks on every street in the United States- and few of us see it. Approximately, 40 million people (12 million children) struggle to eat a steady supply of nourishing food. Yet, most educators promote the consumption of fresh produce to prevent and manage chronic disease instead of assessing for food access first. Clancy will illuminate for audience members how food insecurity is a hidden epidemic in the United States.

This interactive session integrates inspirational storytelling so that participants possess the mindset and skillset to inspire shift of perceptions and bust through the stigma associated with food assistance programs. Clancy will also demonstrate why food access is a top priority and how dignifying food assistance has the power to transform the health of our next generation – to a healthy well-fed nation. Attendees will leave inspired to transform their approach to education with simple strategies.

We have the resources to solve the hunger crisis, prevent chronic disease, and transform health for the better. We have effective food assistance programs, more than enough food to feed the world, and a network of leaders who are eager to contribute to this work. Unless there is a concrete strategy and plan in place interconnecting all of tools and resources together, we will never solve food insecurity and improve access to nourishing food for everyone at all times.

Too often, organizations operate within their own silos and do not understand what other departments in their organization are doing, much less other organizations within the community. Attendees will learn creative ways to engage leaders from various sectors to create authentic and effective partnerships that improves access to nourishing foods, decrease health care costs, and improves health outcomes.

Session Type: Roundtable - Trauma Violence Prevention

Session Title: Constructing Evidence Based Teaching in Higher Education and Professional Development on Adverse Childhood Experiences (ACEs) and Trauma Informed Practices (TIPs): Influences from the Literature and Experience

Session Number: B6

Submitting Authors: Tammy Wynard

Authors Bio: Tammy Wynard has degrees in Community Health Education and School and College Health Education. She has enjoyed a diverse professional experience having worked for a large health department, in a hospital setting, and as middle and high school health education teacher. Tammy has been in higher education preparing the next cadre of health and education professionals for over 15 years. She serves as the Department Chair of Kinesiology at North Central College overseeing Athletic Training, Exercise Science, Sport Management, and Health Science. Her research focuses on the professional preparation of knowledge and skills related to Adverse Childhood Experiences and Trauma Informed Practices. She is the Director for the new Trauma Informed Educational Practices for Children and Adolescents Certificate Program designed to create change agents in the community and schools related to trauma.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session, the participant will be able to prioritize the top five resources to access to prepare to teach about ACEs and TIPs.

By the end of the session, the participant will be able to identify three criteria for determining priority topics to be addressed in professional preparation or development programs related to ACEs and TIPs.

Keywords: Career Development/Professional, Health Literacy, Social Determinants of Health

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Childhood trauma is more common than people realize. In the U.S., an estimated 70% of all people have experienced trauma at some point in their lives. That translates into 224 million hurting children and adults in the United States alone. The amount of individuals in our country that have at least one Adverse Childhood Experience is a high majority, let alone those that may have more than one. People who have experienced childhood trauma are prone to a higher risk of health problems including obesity, diabetes, cancer, lung disease, drug abuse, unplanned pregnancy and depression; and they experience significant stress related to family and work. If the toxic stress stops and is replaced by trauma informed practices that build resilience, the brain can slowly undo many of the stress-induced changes caused by ACEs.

Gaps among professional practices related to adverse childhood experiences and trauma informed practices are ample. Conducting research over the last two years on professional preparation curriculum related to adverse childhood experiences and trauma informed practices for future health and education professionals has led to a collection of content and strategies to use when preparing the

upcoming or current workforce. As communities, schools, and health care settings become trauma informed in addressing these social determinants of health, it is essential that programs in higher education comprehensively teach about how this current landscape is interwoven in public health. This session will demonstrate for participants in-class instructional tools to use when teaching about ACEs and TIPs, and provide out of class assignments to use as well. Special attention will be spent on addressing trigger warnings, secondary trauma, systemic challenges, and lessons learned from current implementation practices. Increasing the health literacy of ACEs and TIPs for future and current health and education professionals of all levels is critical to the nature of what many experts call a public health crisis.

This session is also applicable to those already working in the field that want to train others on ACEs and TIPs. Participants in this session will be actively engaged with each other in processing the information shared and connecting the implications to themselves and their career settings.

Session Type: Roundtable - Trauma Violence Prevention

Session Title: Moving a City-wide Health Department toward a Trauma-Informed Approach to Service Delivery: The Importance of Assessing Organizational Readiness

Session Number: B6

Submitting Authors: Dr. Holly Raffle

Co-Authors: Jen Morel, MPH, CHES

Authors Bio: Dr. Holly Raffle is an Associate Professor at Ohio University's Voinovich School of Leadership and Public Affairs. Dr. Raffle primarily works in the disciplines of K-12 education, post-secondary education, and public health. Additionally, she is a Master Certified Health Education Specialist.

Jen Morel is a Program Manager in the Office of Planning and Quality Improvement at Columbus Public Health. Jen has a B.S. in Community Health from the University of Toledo, an MPH from The Ohio State University, is a Certified Health Education Specialist, and is a Board Member of the Ohio Society for Public Health Education.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: 1. By the end of the session, attendees will be able to explain how adverse childhood experiences, individual trauma, and community trauma impact efforts to address complex public health challenges.

2. By the end of the session, attendees will be able to discuss why it is important to assess an organization's readiness to address adverse childhood experiences, individual trauma, and community trauma prior to initiating or modifying programs, policies, and practices.

Keywords: Community Health, Social Determinants of Health, Strategic Planning & Systems Thinking

Special Populations: Mid-Career Professionals, Seasoned Professionals

Full Abstract Detail: Columbus Public Health (CPH) is a public agency that serves the city of Columbus, Ohio. CPH serves approximately 900,000 individuals per year. Adverse Childhood Experiences (ACEs) are traumatic events that occur in childhood (SAMHSA, n.d.). The aim of this project was to gain an in depth understanding of how ready CPH, as an organization, was to address trauma in the city of Columbus, using the Tri-Ethnic Community Readiness Model to assess CPH.

CPH collaborated with Ohio University to assess how ready CPH was to address ACEs using the Tri-Ethnic Community Readiness Model. Though the Tri-Ethnic Community Readiness Model described by Oetting et al. (2014) specifies communities as the group being assessed, this project applies the model to the organization Columbus Public Health. The minor changes made in the model, such as wording and vernacular, are not foreseen to cause any significant change in the validity of the data collected. In total, 8 employees of Columbus Public Health participated in an hour long structured interview. The data

collected was scored in accordance with the 9 stages of readiness from the Tri-ethnic Community Readiness Model.

The findings from the inquiry into CPH's readiness levels indicated that the organization has some work to do before they are completely ready to address ACEs. The overall stage of readiness found for CPH is 5 which means that, cumulatively, CPH is at the preparation level of readiness.

Out of all five dimensions, CPH scored lowest resources and staff knowledge of the issue respectively. These dimensions were found to be between the vague awareness and preplanning levels of readiness. CPH scored on the leadership dimension, and is in the expansion/confirmation level of readiness. Most interestingly, our project showed that while leadership's attitude toward addressing the issue scored very high, staff knowledge on the issue is low. However, staff's attitude toward addressing the issue also scored quite high, indicating that while staff perhaps do not feel knowledgeable on ACEs, they understand the importance of addressing them.

Assessing how ready an organization is to address an issue, before implementing a policy or program, is paramount (Oetting et al., 2014). This is because to not do so increases the likelihood that the change effort will fail, as the community or organization may have not been ready for that level of intervention (Oetting et al., 2014).

By performing this project, CPH gained information on the attitudes, knowledge, resources, and current efforts and activities occurring within the organization related to ACEs. Understanding this readiness level will allow CPH to strategically plan to build the knowledge level among staff, and ultimately, to create a program or policy that can address and prevent ACEs in Columbus.

Session Type: Roundtable - Trauma Violence Prevention

Session Title: A county health department prevents youth violence through partnerships that address social justice

Session Number: B6

Submitting Authors: Ms. Linda Mary McGlone, MPH

Authors Bio: As Senior Health Educator at the Monterey County Health Department in Salinas CA for 23 years and Coordinator of Youth Violence Prevention that is funded by the CDC for 8 years, and a Masters Degree in Public Health, focusing on health education I am qualified to present on this topic.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: List at least one evidence based strategy to prevent youth violence

Describe at least one element of the public health approach to violence prevention

Keywords: Social Inequity, Violent Behavior/Violent Prevention

Special Populations: Children & Adolescents, Disadvantaged Populations

Full Abstract Detail: In 2011 the Monterey County Health Department's (MCHD) Health Promotion Branch, launched a youth violence prevention program, focusing on all residents in the disadvantaged area of East Salinas and led by an MPH prepared health educator. East Salinas was chosen because of its history of social injustices and inequities, exemplified by neglected maintenance and a limited understanding of youth and their parents seen through the lens of the juvenile justice system. Today MCHD's project is an integral part of the city's multi-sector violence coalition, implements and evaluates evidence-based programs (EBP), partners with grassroots organizations focused on social justice and is a key contributor to significant declines in violent injuries and deaths in Salinas CA. This presentation will describe public health's scientific approach to violence prevention, the selected strategies, what we've learned from partnerships with grass roots organizations about social justice and recent results. In the last 2 decades, Salinas has experienced a disproportionately high rate of violent crime, gun violence and homicides. However, the rate of violent assaults on youth has dropped from 22.2 per 1,000 in 2007 to 9.8 per 1,000 youth in 2017. A description of our methods begins with the City's multi-sector coalition, founded 10 years ago to address gang violence, now with a membership of over 55 organizations. MCHD is an active member of this coalition, promoting primary prevention and a data driven approach. MCHD has implemented and evaluated 5 EBPs, with funding and guidance from the CDC. These programs address teen dating violence, parenting and unsafe conditions in the environment. Building Healthy Communities' East Salinas site adapted Crime Prevention through Environmental Design (CPTED) to improve safety through changes in the built and social environments. MCHD trains BHC and their youth interns to conduct CPTED assessments in East Salinas. Interns report unsafe conditions, such as a broken streetlight and track CPTED improvements made by the City. The City's Public Works Director became our strongest partner for preventing violence! Using their knowledge of CPTED, interns participated in a vibrancy planning process focused on East Salinas, which will become part of the City's General Plan. These strategies, plus the work of our coalition and community partners, has resulted in significant declines in the violent crime rate, juvenile felony arrests and the rate of violent assaults of

youth. Communities that do not have the resources to implement numerous strategies, will find our description of CDC's "Connecting the Dots" tool useful, as it illustrates how strategies that share risk and protective factors, can address multiple forms of violence. Our Strengthening Families and Safe Dates evaluation data will be of interest to health departments serving Latino communities and an innovative evaluation plan for CPTED, using GIS mapping will be detailed

Session Type: Oral - CDC Resources: School Health

Session Title: Tell Me More: What Is the CDC's Health Education Curriculum Analysis Tool (HECAT)

Session Number: C1

Submitting Authors: Mrs. Melissa Fahrenbruch

Co-Authors: Sarah M. Lee, PhD, Leigh E. Szucs, PhD, CHES

Authors Bio: Melissa Fahrenbruch BS, MEd is the Program and Professional Development Team Lead in the Division of Population Health's School Health Branch, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). Melissa earned a BS in Education from the University of Nebraska-Lincoln. She has over 25 years of experience in the education field. She was the lead author of the 2006 Kansas Physical Education and Health Education Standards, and she worked collaboratively with the Governor's council on the "Healthy Kansas, Healthy Schools Initiative" with coordinated school health schools. Melissa currently oversees two school health cooperative agreements for states and national organizations and is the lead for internal and external professional development events for CDC staff and funded partners.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: (1) understand the structure and use of the HECAT and identify how the components are related to the tool.

(2) describe how to use HECAT with teacher preparation programs and in local school districts.

Keywords: School Health

Special Populations: New Professionals

Full Abstract Detail: The Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health and CDC Healthy Schools is committed to promoting environments where teens can gain fundamental health knowledge and skills, establish healthy behaviors for a lifetime. The CDC's Health Education Curriculum Analysis Tool (HECAT) is a critical resource to help analyze, develop, and/or revise health education curricula using a systematic, evidence-informed, and collaborative process. The tool helps school and community leaders critically assess the quality of health curricula, comparing multiple curricula in one review process. The HECAT is highly customizable and allows leadership teams to integrate local community priorities, interests, and needs to select health curricula most likely to be effective with youth. The HECAT uses the National Health Education Standards as a primary organizing framework to identify health behavior outcomes across 10 content areas, including sexual health, for youth in preK-12th grades. The tool includes assessment rubrics to analyze key curriculum considerations (i.e., accuracy, acceptability, feasibility, and affordability) and supporting teacher materials, instructional strategies, and student assessment strategies. This interactive session will allow participants to gain new knowledge about HECAT key features and supporting resources; connect with peers to share insights and lessons learned from HECAT implementation; and create action steps for using the tool to strengthen their curriculum and reach all youth. Through interactive small and large-

group discussion, participants can network with peers to share insights and lessons learned from past and current experiences with HECAT, in addition to build partnerships for future HECAT use to improve programming and services.

Session Type: Oral - CDC Resources: School Health

Session Title: What Everyone Ought to Know About CDC's School Health Index

Session Number: C1

Submitting Authors: Mrs. Melissa Fahrenbruch

Co-Authors: Bridget Borgogna, Leigh E. Szucs, PhD, CHES

Authors Bio: Melissa Fahrenbruch BS, MEd is the Program and Professional Development Team Lead in the Division of Population Health's School Health Branch, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). Melissa earned a BS in Education from the University of Nebraska, and began her professional career in Lincoln, NE. She has over 25 years of experience in the education field. She was the lead author of the Kansas Physical Education and Health Education Standards, and she worked collaboratively with the Governor's council on the "Healthy Kansas, Healthy Schools Initiative" with coordinated school health schools. Melissa currently oversees two school health cooperative agreements for states and national organizations and is the lead for internal and external professional development events for CDC staff and funded partners.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: -Identify what is the School Health Index and how it aligns with the WSCC Model as well as how it brings members of your school community together to promote health and positively influence student outcomes.

-Understand the importance and "make the case" on why SHI is an important assessment school health tool.

Keywords: School Health

Special Populations: New Professionals

Full Abstract Detail: CDC Healthy Schools works with states, school systems, communities, and national partners to prevent chronic disease and promote the health and well-being of children and adolescents in schools. The Whole School Whole Community Whole Child (WSCC) model is our framework for addressing health in schools.

The School Health Index (SHI) was developed by CDC in partnership with school administrators and staff, school health experts, parents, and national nongovernmental health and education agencies to Enable schools to identify strengths and weaknesses of health and safety policies and programs; Enable schools to develop an action plan for improving student health, which can be incorporated into the School Improvement Plan; Engage teachers, parents, students, and the community in promoting health-enhancing behaviors and better health.

The SHI is based on CDC's research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in reducing youth health risk behaviors.

The revised School Health Index is now aligned with the Whole School, Whole Community, Whole Child model. The WSCC model fosters a unified and collaborative approach designed to improve learning and

health in our nation's schools. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community.

The expansion of SHI now includes social and emotional climate, more extensive questions on physical environment, separate community and family modules, and new or revised questions that reflect the latest evidence across all components.

As a result of participation in this session, participants will be able to understand the modules of the School Health Index and how it aligns with the WSCC Model as well as how it brings members of your school community together to promote health and positively influence student outcomes; understand the importance and "make the case" on why SHI is an important assessment school health tool; and identify CDC's Healthy Schools tools and resources to support school health policies and programs, including the use of the SHI eLearning module.

Session Type: Oral - Toolkit

Session Title: You Have a Toolkit--Now What? Practical Applications for Creating, Editing and Disseminating Program Collateral Materials

Session Number: C2

Submitting Authors: Mrs Jody R Steinhardt

Co-Authors: Ms. Cherylee Sherry

Authors Bio: Jody Ruth Steinhardt holds a Master's in Public Health with a specialization in Community Health Education and is also a CHES. She has been working in Public Health Education for the past 30 years, and has authored several programmatic collateral material as well as toolkits for hospitals and health insurance companies in the NYC area. Cherylee Sherry holds a Master's in Public Health with a specialization in International Community Health Education and is also an MCHES. She works for the Minnesota Department of Health and supervises subject matter experts who provide technical assistance that includes toolkits/collateral materials for local public health grantees.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: List three different data/information resources that can be utilized when creating program materials.

Evaluate the effectiveness of collateral materials.

Keywords: Dissemination & Implementation, Health Communications & Technology, Health Literacy

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: In 2018, an early riser session on toolkits was well received. There was much feedback from participants that a pre or post conference workshop where participants would have the opportunity to "put pen to paper" would be a natural follow-up.

Significant resources are invested in the production of research and evidence-based knowledge with the final objective of integrating research evidence into practice. Yet, research has demonstrated that on average it takes 17 years for 14% of evidence-based knowledge and scientific advances to become a part of day-to-day practice. Toolkits provide concrete resources used for supporting individual behavior change and practices of community members, healthcare practitioners, patients, community and health organizations as well as policy makers. Unfortunately toolkits are usually designed for specific contexts or are written in broad terms that makes it difficult to know when and where a specific approach will work best. Implementation science strives to understand the critical factors and conditions that ensure effective practices are successfully carried out and sustained in typical service settings, whether that practice is just being developed or has already built substantial evidence. It's a field that recognizes that real life often doesn't line up with the parameters of a controlled evaluation — and that leadership qualities and transitions, communication and community dynamics can play a significant yet underappreciated role. Rather than evaluating a program at the end of a long period of operation, implementation science involves constant evaluation and mechanisms for continuous quality

improvement that allow for nimble adjustments to increase effectiveness more quickly. It can be tempting to stop examining something once it seems to be working, but understanding why and how is the key to making sure a program can work in different places to make the greatest possible difference.

In this workshop, participants will have the opportunity to create, edit and critique materials from other participants and organizations. This will be accomplished through group work, discussion of resource information databases and focus group.

Session Type: Oral - Self Care with Yoga

Session Title: Self-care for the health education professional

Session Number: C2

Submitting Authors: Dr. David M Brown

Authors Bio: David M Brown holds a doctorate of education with a specialization in health education from Teachers College Columbia University. He also holds a Masters of Library and Information Science from Wayne State University. Additionally, he has two Masters of Arts Degrees from Columbia University. He is a Master Certified Health Education Specialist. He currently serves as a contributing faculty in the Health Education Ph.D. program at Walden University. He has taught a number of health education and public health classes at the undergraduate and graduate levels at other colleges and universities. Dr Brown's primary research areas are: professional development and professional preparation in the field of health education, community engagement and participatory research. He has prepared a number of professional presentations, publications and submitted grants within these areas of expertise.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the conclusion of the session, participants will be able to define and explain self-care.

By the conclusion of the session, participants will be able to draft an objective to improve their self-care.

Keywords: Empowerment, Partnerships/Coalitions, Worksite Safety & Health

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: As health education professionals, we are charged with helping individuals and organizations achieve optimum health. To help our clients achieve these goals, we need to strive for optimum health as well. The term self-care is not new in the health and helping professions. Self-care has been defined as "self-initiated practices that enhance health and positive well-being" (Bickley, 1998, p. 114). As health education professionals, we are aware of the importance of self-care and attempt to help our clients be mindful of the importance of taking care of one's self. However, we, as individuals, may not be as successful in our own self-care. This presentation will provide an overview of self-care and how we, as health education professionals, can engage in self-care activities and provide better self-care resources to their clients. Specific emphasis will be placed on what other health professions and other health organizations do to ensure their members are engaging in self-care. Materials will be provided on how health education professionals can engage and practice good self-care behaviors. Suggestions will be made on how institutions and individuals can encourage positive self-care. Recommendations will be made on how to better research and measure self-care in individuals and organizations.

Session Type: Oral - ESG

Session Title: Advocating for Survivors & Increasing Awareness: #Be SoMEone Too

Session Number: D1

Submitting Authors: Caitlin Holden

Co-Authors: Meagan Shipley

Authors Bio: Caitlin Holden is a doctoral student in the Department of Health and Kinesiology at Texas A&M University. She earned her Masters in Health Education with a focus in teacher preparation, and a B.S. in Health with an emphasis in community health from Texas A&M University. She currently serves as a graduate teaching assistant for school and community health courses. Caitlin's research interests involve school, adolescent, and sexual health. She has been involved and presented at international, national, and state conferences. Caitlin is CHES certified, serves as the vice-president of the Eta Sigma Gamma, Alpha Pi Chapter, and as a Graduate Teaching Consultant Fellow through Texas A&M's Center for Teaching Excellence.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: 1. Discuss the importance of hosting events like the #MeToo event when addressing sexual assault, harassment, and consent on college campuses.

2. Describe how implementing the #MeToo event or similar activities contribute to pre-service health professionals' increased self-efficacy and professional development and brainstorm opportunities for the #MeToo event or similar activities within local campus and community health settings.

Keywords: Career Development/Professional, College Health, Sexual Health

Special Populations: New Professionals, Young Adults

Full Abstract Detail: Sexual assault and harassment on college campuses is common and often underreported. Approximately 25% of college females and 15% of college males experience sexual assault, while nearly 75% of all college students experience sexual harassment. Of the sexual assault and harassment incidents that occur on college campuses, 90% go unreported. In the era of the #MeToo movement, college campuses serve as a valuable platform to empower survivors, educate students and faculty, and raise awareness surrounding sexual violence. The #MeToo event utilized peer health educators to provide information on the global #MeToo movement, initiate vital conversations on consent, and increase awareness of sexual assault and harassment. The event created a safe, positive learning environment for students, faculty, and visitors to ask questions and commit to supporting survivors.

Members (n=70) of Eta Sigma Gamma (ESG), who participated in the #MeToo events, developed educational content, resource referrals, teal awareness ribbons, and interactive games to inform others on sexual assault, harassment, and consent. Utilizing the knowledge and skills gained from content and activities delivered in bi-weekly chapter meetings, members implemented the #MeToo event on

campus. A multi-method survey design was used to assess members' attitudes, self-efficacy, and professional skills gained through facilitating the #MeToo event.

A total of 48 participants completed the post-test survey, which included both qualitative and quantitative measures. Quantitative data revealed participants' high self-efficacy in providing sexual health information and resources to students on campus. Qualitative themes included increased self-efficacy in creating a comfortable, supportive environment for peers, engaging in conversations to inform others on sexual assault, harassment, and consent, and advocating collaboratively for survivors on campus. Additionally, participants reported professional growth in three essential areas, with themes including: increased confidence in discussing sexual health content, professionalism in discussing personal topics, and comfort conversing about sensitive topics. Participants further reported significant growth in professional attitudes, skills, and development.

The #MeToo event provided a comfortable, supportive environment to start important conversations surrounding sexual assault, harassment, and consent. The findings emphasize the need for incorporating sexual violence awareness and advocacy efforts, like the #MeToo event, into pre-service health professionals' student organizations. Ultimately, these experiences may lead to increased competency, sensitivity, and professional preparedness among pre-service health education professionals.

Session Type: Oral - ESG

Session Title: Menstrual Health at a Midwest School: How is The Diva Cup Impacting Menstruation within College Students?

Session Number: D1

Submitting Authors: Lillian Minor

Co-Authors: Ashley Nicole Clark, Kiley Ray Klauer, Morgan Worachek, Ms. Samantha Ann Zahurones

Authors Bio: My name is Lillian Minor and I am a senior attending the UW- La Crosse with a major in Public Health and Community Health Education. I am in the ESG- Beta Phi chapter at the university and have been the Research Chair for a semester. The previous Research Chair began this study on the DivaCup, and a small research group and I took over to analyze and evaluate the data. I am well versed in this data and possess the skills to present it to others. In addition to my involvement in ESG, I am a Peer Health Advocate on campus. I often present to classes, staff, and students in residence halls both formally and informally on health topics relating to alcohol and other drug use, reproductive health, bystander intervention, and violence prevention. Through these experiences, I have become skilled in presenting and spreading health-related information to any audience.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session the participant will be able to list three benefits that college students have identified in using the DivaCup.

By the end of the session the participant will be able to recognize barriers college students face in purchasing and/or using the DivaCup.

Keywords: College Health, Women's Health

Special Populations: Women, Young Adults

Full Abstract Detail: Over the course of history, females (individuals with uteri) have used various forms of disposable products to control the flow of their menstrual cycles. The first menstrual cups were made of rubber and were introduced and patented in the 1930s, but were unsuccessful. A silicone cup was created in 2001 and today, most cups, including the DivaCup, are made from this durable, hypoallergenic material. Since menstrual cups have become more popular, there has not been a significant amount of research conducted regarding its benefits and what stands in the way of individuals purchasing and using this product.

The Health Belief Model was utilized to evaluate female university students' perceived benefits and barriers to using menstrual cups, the ease of use, satisfaction with the product, and self-efficacy both prior to and after using the product for several months. Eta Sigma Gamma received grant money to purchase 40 Model 1 DivaCups, conduct research on, and recruit female students interested in utilizing the DivaCup. Participants were each given a free DivaCup (valued at \$40), and used it over a three-month period (summer break 2018). A confidential pre-test survey was distributed before the summer break began, and a post-test survey was distributed after the summer break was over. In total, 18

participants (n=18) completed both the pre- and post-test surveys. Reported benefits of the DivaCup included reducing cost/expense (44.4%), achieving zero waste (33.3%), and providing an easier method to control flow (11.1%). Reported barriers of the DivaCup included fit and comfort (44.4%), first use and the learning curve it requires (22.2%), limitations on public restroom use (22.2%), and leaking or messiness (11.1%). Overall, 72.2% (n=13) of participants reported that they would continue to use their DivaCup, while 5.6% (n=1) reported they would no longer be using theirs. From this data we learned that the benefits of the DivaCup outweighed the barriers for participants, displayed especially by the amount that will continue to utilize this product. In addition, from the pre- to post-test surveys participants had more cohesive and unanimous responses to the benefits and barriers of the cup. Especially regarding the barriers, this data emphasizes the need for more training and education before the participants use the cup to alleviate the barriers of first use troubles and how to safely use the menstrual cup in a public restroom. In addition, a study done over a longer period of time could be beneficial given that more practice and use has a chance to reduce the barriers of fit, comfort, and messiness. Overall, more programming and education can be spread to college students focusing on menstrual health and the DivaCup. This study can be adjusted and duplicated for larger populations and on a wider scale on college campuses to spread the message of menstrual cups and women's health.

Session Type: Oral - ESG

Session Title: Engaging Online Students in Health Education Practice

Session Number: D1

Submitting Authors: Dr. Holly T. Moses

Co-Authors: Ms. Courtney Douglas, Mr. Erik Johansen

Authors Bio: Holly is currently a Lecturer at the University of Florida, Department of Health Education and Behavior, and holds the Certified Health Education Specialist credential. Her goal as an educator is to prepare the next generation of Health Education Specialists. Her primary instructional areas of interest include professional preparation and career development for health education majors; health education advocacy; community health; school health and child/adolescent health issues; bullying/cyberbullying, hazing and victimization. In addition, she is the President of Eta Sigma Gamma and has served as faculty sponsor of the Alpha Lambda Chapter of Eta Sigma Gamma since 2005.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: List and describe the benefits of offering Eta Sigma Gamma collegiate chapter membership opportunities to online students.

Plan opportunities for online students to gain experience in service, teaching, advocacy and/or research within their local community to meet Eta Sigma Gamma collegiate chapter membership requirements.

Keywords: Career Development/Professional

Special Populations: New Professionals

Full Abstract Detail: According to U.S. News & World Report (2018), based on federal data from more than 4,700 colleges and universities, more than 6.3 million students in the U.S. took at least one online course in fall 2016. Additionally, between 2012 and 2016, the total number of students studying strictly on a physical campus dropped by more than 1 million. The statistics confirm that students are increasingly choosing online degree programs in place of traditional campus-based degree programs.

As Colleges and Universities expand the reach for their degree programs, it is imperative that student engagement efforts inside and outside of the classroom be considered a top priority. Student engagement through student-run organizations is a common experience for many college students. However, while traditional, on-campus students are able to participate in the meetings and events offered by student organizations, online students are rarely afforded the opportunity to utilize these programs. Online programs offer students a significant degree of flexibility, and as student organizations and colleges attempt to reach and involve their online students, these programs and groups should provide similar flexibility.

Eta Sigma Gamma (ESG), National Health Education Honorary, has a long history of engaging health education students in meaningful work within the field. Collegiate chapters of ESG work to uphold the ideals of National ESG through local work related to service, teaching, advocacy, and research. Many health education departments with established ESG collegiate chapters now offer online health

education undergraduate and graduate degrees. To ensure that all students have the same opportunities to engage in meaningful work during their collegiate studies, Eta Sigma Gamma collegiate chapters must adapt to extend collegiate membership to online students.

This session will explore opportunities to engage online students in meaningful health education work, outside the traditional University setting, while upholding the ideals of the Eta Sigma Gamma Honorary. Session participants will hear from current student members of the ESG Alpha Lambda Chapter at the University of Florida about the challenges and successes of ESG membership as an online student.

Session Type: Oral - AA Women

Session Title: Black Women as Change Agents: Insights for Research and Practice from the African American Community

Session Number: D2

Submitting Authors: Dr. LaNita S. Wright

Co-Authors: Dr Kathleen Roe

Authors Bio: LaNita Wright has research and practical experience primarily in teen pregnancy prevention, with special interest in African American communities. Her dissertation research focused on the predominately Black Church's role in preventing teen pregnancy. She conducted semi-structured, in-depth interviews with both pastors and parents to understand their perspectives. She presented information from the qualitative study with pastors at two national conferences (APHA and Healthy Teen Network) and the qualitative study with parents at one national conference (Healthy Teen Network). She also previously worked in a local health department where she facilitated teen pregnancy prevention programs in multiple school and community settings. In addition, she has and continues to facilitate teen pregnancy prevention workshops (and research) in predominantly Black Church settings.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: By the end of the session the participant will be able to identify lessons learned from Black women's participation in health promotion projects and research.

By the end of the session the participant will be able to identify barriers and ways to overcome barriers to promoting social changes within predominantly Black communities.

Keywords: Environmental & System Change, Health Disparities, Health Research

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: The primary objective of this roundtable discussion is an open, robust dialogue amongst researchers and practitioners with a special interest in African American communities and health. Each of the presenters/facilitators has experience researching, implementing, evaluating, and/or publishing community-based health promotion interventions in predominantly Black communities. They share the perspective that exciting new approaches and social justice-oriented frameworks, catalyzed by the national attention to eliminating health disparities, have been imagined and implemented within African American communities. They further believe that this perspective can contribute to broader conversations about culturally embedded, embraceable, and sustainable health promotion in other communities and contexts. The roundtable will begin with the presenters offering highlights of this kind of transformative research as published in SOPHE's journals, particularly Health Promotion Practice over the past two decades. Presenters will also offer observations about the role of African American women as change agents, both in research and the community, and the invaluable importance of identifying the Black Church as a key health promotion setting. Following the brief presentations, roundtable participants will be invited to share their own observations of the contributions to health

promotion and health equity research and practice that have come from work in African American communities. In addition to contributions, challenges that may be unique to this community will be explored, with an emphasis on understanding context and promising practices that contribute to effective, generative community health promotion overall and within minority populations. Opportunities for further exploration of this topic will be offered and discussed. Both paper and electronic reading lists will also be provided to all participants. In addition, the facilitators will develop a realtime list of key points from the group that will be shared electronically with all participants at the end of the session. Note: This session is designed as an advanced practice discussion, but students, new professionals, and community members are welcome and encouraged to participate!

Session Type: Oral - AA Women

Session Title: Process of Developing a Relationship Imperative Scale for Assessing Risk for HIV Infection among African American College Women: Catalyst for Change

Session Number: D2

Submitting Authors: Dr. Deborah A Fortune

Co-Authors: Dr. Beth H Chaney

Authors Bio: Dr. Deborah Fortune has a PhD in public health education and has over 25 years of experience with conducting research, educational sessions and workshops on HIV prevention for youth and African American college women.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Describe the process of developing a scale to measure relationship imperative.

Discuss the implication for the translation of this research to practice for developing HIV prevention programs for African American women in the college setting.

Keywords: Health Disparities

Special Populations: Women

Full Abstract Detail: African American women, including college women, are disproportionately affected by HIV/AIDS, with them having a 1 in 32 lifetime chance of an HIV infection diagnosis. A myriad of factors is associated with African American women's risk for HIV infection, including relationship imperative. In this study, relationship imperative is defined as an attitude that indicates it is important to be in a sexual relationship at all times (Raiford, Seth, & DiClemente, 2013). Women who feel it is important to be in a sexual relationship at all times are more likely to engage in risky sexual behaviors according to Raiford and colleagues (2013). Currently, the literature is limited with regards to an instrument to assess relationship imperative. Thus, the purpose of this presentation is to describe the process of developing a scale for measuring relationship imperative as it pertains to risky behaviors associated with HIV infection. In addition, this presentation will discuss the components of the scale and implications for translation from research to practice regarding a new approach for HIV prevention programming for African American college women. The process for developing the scale included: 1) conducting literature review; 2) conducting five focus groups to generate scale items; 3) using expert panel to review the list of items for importance; and 4) conducting 11 cognitive interviews to clarity of the scale questions. The components of the relationship imperative scale include: 1) attitude toward partner preference; 2) partner's characteristics importance; 3) relationship dynamics; 4) relationship dynamics importance; and 5) sexual relationship normative beliefs. Although the rates of HIV infection have decreased over the years, African American women still experience disparities with regards to new cases of HIV. Thus, the development of a relationship imperative scale/instrument is needed to address the HIV disparities among African American women, measuring the effects of relationship imperative pertaining to risky sexual behaviors among African American women. Additionally, this

scale/instrument maybe be useful in serving as a catalyst for change in the health education approach for planning and implementing HIV prevention strategies for African American women in the college setting.

Session Type: Oral - AA Women

Session Title: Birth Justice Warriors: A Holistic Approach to Addressing Black Maternal and Infant Health in the Suburbs

Session Number: D2

Submitting Authors: Martine Hackett

Co-Authors: Tari Ajeh, Britney Nathan

Authors Bio: Martine Hackett is an associate professor in the Department of Health Professions at Hofstra University, teaching in the master of public health program and directing suburban health equity initiatives at Hofstra's National Center for Suburban Studies. Her research and community-based work is focused on maternal child health, community health and the intersection of health and housing. Hackett previously served as a deputy director at the New York City Department of Health and Mental Hygiene's Bureau of Maternal, Infant and Reproductive Health and also had a decade of experience as a television producer. Dr. Hackett earned a BFA in film and television from New York University, a Master of Public Health from Hunter College, and a Ph.D. in sociology from the City University of New York Graduate Center.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Describe three approaches used by the Birth Justice Warriors peer education and advocacy program to address black infant and maternal mortality in a suburban area.

Keywords: Advocacy, Health Disparities, Maternal & Child Health

Special Populations: Maternal & Infant Health, Minority Populations, Women

Full Abstract Detail: Background: Suburban areas are under-recognized sites of racial disparities in maternal and infant mortality. Nassau County, NY's black infant mortality rate (9.4 per 1,000 versus 2.2 for white infants) is higher than in New York City. The maternal mortality rate in Nassau is higher than all of NYC (except the Bronx). Mothers cannot solely be blamed for these inequities; a holistic approach to maternity care for suburban black women is needed.

Methods: A peer health intervention model, Birth Justice Warriors (BJW), was created in to address local inequities on individual, clinical, and policy levels. To date, 47 BJWs (doulas, midwives, lactation consultants, community health workers, community members) have been trained to conduct "Conversation Cafes" with black women and focus on: knowing rights during pregnancy and childbirth; prematurity risks; post-birth warning signs; increasing knowledge of health care providers through in-service presentations; connections to local resources; and local and statewide advocacy.

Results: After the two-day BJW training, all of the participants identified increased confidence, knowledge and ability to inform black women in Nassau County. Currently, BJWs are conducting Conversation Cafes and events at local libraries and community centers and developing "Birth Justice Friendly" criteria to assess and improve prenatal care to reflect best practices in respectful, culturally appropriate maternity care.

Conclusion: Training Birth Justice Warriors promotes positive maternity outcomes for black women of child-bearing age through awareness of their rights, awareness of childbirth and beyond. Addressing maternal mortality in a suburban area requires a multi-disciplinary and multi-faceted approach.

Session Type: Oral - AA Women

Session Title: Addressing Maternal Mortality among African American Women through Media-based Storytelling

Session Number: D2

Submitting Authors: Dr. Nakeitra L. Burse

Authors Bio: Dr. Nakeitra L. Burse, is the Owner/CEO of Six Dimensions, LLC, a public health consulting company dedicated to creating healthier communities through innovative, strategic, sustainable and culturally appropriate public health solutions. She is also the Grant Writer for Jackson State University's School of Public Health. Dr. Burse has been in the field of public health for over ten years. She has worked across various sectors such as nonprofit, government agencies, and academic institutions. Dr. Burse holds a B.S in Biological Sciences, an M.S in Health Education/Health Promotion and a Doctorate in Public Health. She is a Certified Health Education Specialist. Dr. Burse has a passion for creating systems level changes to ensure that populations that have been historically underserved, overlooked, and discriminated against receive equitable treatment in health and healthcare settings.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: Understand how media-based storytelling can influence policy regarding maternal health

Understand how to develop a documentary project for public health awareness

Understand how media-based storytelling can be used to prepare public health and healthcare professionals to effectively address maternal health issues among African American women

Keywords: Advocacy, Health Equity, Maternal & Child Health

Special Populations: Maternal & Infant Health, Minority Populations, Women

Full Abstract Detail: The United States has the worst rates of maternal death in the developed world. These rates are especially startling in African American women, who are more likely to die from pregnancy or childbirth than any other women in any other race group. African American women are also three to 4 times more likely to die from pregnancy related complications than White women. Additionally, African American women are more likely to experience preventable maternal death than White women. A growing body of knowledge shows that this disparity is not a new issue, but it is an epidemic that deserves immediate action.

As more attention has been drawn to the issue of maternal mortality, there is room for the development and implementation of innovative and comprehensive strategies that serve multiple purposes in order to impact the systems that African American women encounter during pregnancy and childbirth. Six Dimensions, LLC, a public health consulting company, developed a documentary project entitled, *Laboring in Hope*, as a strategy to address the maternal mortality crisis among African American women.

Documentaries tell stories of real people, therefore, they have the power to evoke emotion. Emotion often makes people want to move to action. Laboring in Hope is a compilation of stories of maternal and infant mortality, as well as stories of hope and perseverance in the face of despair, grief and adversity. Additionally, Laboring in Hope features physicians, state legislators, and other professionals with the power to make broad sweeping decisions regarding legislation, organizational policy, and professional standards relative to maternal health.

The three outcomes of Laboring in Hope are to: 1) Increase awareness of maternal mortality among African American women; 2) Influence policy and legislation regarding provider biases and the care that African American women receive during pregnancy, childbirth, and the postpartum periods; and 3) Develop healthcare provider trainings and public health curricula to ensure that professionals are equipped with the knowledge and skills to comprehensively care for African American women during the prenatal, perinatal, and post partum periods.

In addition to the documentary, Six Dimensions, LLC launched a social media campaign during “Black Maternal Health Week” telling stories of women and children who are unable to advocate for themselves. This campaign also offers weekly evidence-based information about maternal mortality and potential solutions to specific issues. Six Dimensions, LLC is committed to helping communities tell their stories to provide the context behind the statistics that often cast a dark shadow on Mississippi. Using this documentary, combined with social media efforts, it is anticipated that Laboring in Hope will not only increase awareness, but also produce measureable results that will ultimately contribute to reducing maternal mortality rates among African American women.

Session Type: Oral - Experiential Teaching

Session Title: BRAVING Challenges: Cultivating Resilient Students and Classrooms

Session Number: D3

Submitting Authors: Caitlin Holden

Co-Authors: Dr. Elisa Beth McNeill, CHES, Meagan Shipley

Authors Bio: Caitlin Holden is a doctoral student in the Department of Health and Kinesiology at Texas A&M University. She earned her Masters in Health Education with a focus in teacher preparation, and a B.S. in Health with an emphasis in community health from Texas A&M University. She currently serves as a graduate teaching assistant for school and community health courses. Caitlin's research interests involve school, adolescent, and sexual health. She has been involved and presented at international, national, and state conferences. Caitlin is CHES certified, serves as the vice-president of the Eta Sigma Gamma, Alpha Pi Chapter, and as a Graduate Teaching Consultant Fellow through Texas A&M's Center for Teaching Excellence.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: 1. Discuss the importance of incorporating resiliency strategies in their classroom or work setting.

2. Describe how implementing the bravery activity can contribute to students increased resilience and positive coping mechanisms.

Keywords: Child/Adolescent Health, Mental Health Communications, School Health

Special Populations: Children & Adolescents, Young Adults

Full Abstract Detail: The development of resilience, or the ability to recover from or adapt to hardships, is essential in reducing the significant effects of adversity among children and youth. Resilient students have stronger emotional connections, take healthy risks, correctly identify and label emotions, embrace mistakes, and are more likely to learn from failure. Students who lack resilience risk dwelling on problems, feeling overwhelmed, and turning to unhealthy coping mechanisms such as substance abuse. Recent literature also connects a lack of resilience to higher incidence of mental health issues, decreased academic performance, and feelings of defeat in everyday activities (Zuill, 2016).

Educators serve critical roles as leaders, role models, and mentors which are imperative when establishing positive student-teacher relationships. According to research, the single most important factor for children who develop resilience is at least one stable and committed relationship with either a parent, caregiver, teacher or other adult. In order to cultivate a classroom of resilient students and foster an atmosphere of trust, educators must encourage students to be brave and confident in themselves while also being supportive of others. Being brave is the action of enduring unpleasant conditions or behaviors without showing fear, and this activity is designed to promote bravery and resilience while encouraging students to work together to better identify healthy coping strategies.

This activity is inspired by author and researcher, Dr. Brene Brown's acronym, BRAVING: (B) boundaries, (R) respect, (A) accountability, (V) vault, (I) integrity, (N) nonjudgement, and (G) generosity (Brown, 2017). This acronym serves as a checklist in the process of being vulnerable and trusting oneself and others, requiring students to investigate previous experiences, current situations, and future endeavors through a resilient lens.

Throughout this session, participants will be instructed to work individually, with a partner, and as a team through a series of low-stakes challenges. These mini challenges will incorporate team object juggling, partner commonality assessment, exposure to scenarios with corresponding resiliency analysis, and individual reflection of participants' experiences. The challenges are intentionally low stakes to encourage participants to get out of their comfort zone and trust their peers while successfully or unsuccessfully completing the tasks. The session will focus on the concept of being brave in vulnerable situations and identifying healthy coping strategies in response to hardships. Physical and logistical modifications will be shared to ensure relevance for all participants as well as lessons learned.

Session Type: Oral - Experiential Teaching

Session Title: Real Classrooms, Real Teaching Skills: Using Model Lessons as a Way to Improve Classroom Pedagogy

Session Number: D3

Submitting Authors: Elizabeth Stevenson, MPH

Co-Authors: Cathy Durand-Horne, Christi M Kay

Authors Bio: Beth Stevenson has worked in public health education for over 30 years. Ms. Stevenson has been a classroom teacher, trainer/facilitator for 40 years and has designed and led initiatives such as the American Cancer Society School Health Leadership Institutes, CDC's first Wellness Policy training for state teams, and a year-long rites of passage program for middle schoolers. Her current work includes designing and implementing a program to target nutrition and physical activity behaviors in schools with a focus on children, families and teachers. Prior to her current project, she was with the CDC and the National Office of the American Cancer Society. At CDC, she served in multiple positions including as Goal Team Leader for the CDC-wide effort to address child health. With the American Cancer Society she developed the organization's approach to supporting school health.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session participants will be able to:

Describe the key components for a model lesson approach to training classroom teachers successfully so that there are tangible results of improved classroom pedagogy.

Determine a process for initiating a model lesson approach in their organizational settings and design a simple outline for a potential model lesson.

Keywords: Child/Adolescent Health, Continuing Education, School Health

Special Populations: Children & Adolescents, Disadvantaged Populations

Full Abstract Detail: HealthMPowers, Inc is a health education non-profit with a history of effective implementation of school-based health education. HealthMPowers programs emphasize policy, systems and environmental change and documented behavior change through its comprehensive multi-year program for schools. In 2014, HealthMPowers committed to successfully pilot and then implement and expand their multi-year program for elementary schools into early childhood settings. The current 87 early care and education settings (Head Start, Pre-K programs, childcare centers and family childcare homes) in the program posed unique challenges in implementing quality health education pedagogy in each classroom. Many early care and education settings have passionate and dedicated staff – but many settings have high staff turnover, minimal training time, minimal use of lesson plans and lack of consistency as centers juggle classroom assignments to meet required teacher:child ratios. Early childhood teacher training is often informal and “on-the-job”. Required training tends to be done offsite and is not realistic (not in an early childhood classroom or involving young children). Given these limitations, HealthMPowers designed a program to address challenges in improving pedagogy skills for

early childhood teachers through a system of in-classroom model lessons. Two model lessons are done each year for every classroom. The model lessons build from year to year with centers in the first year of the program provided model lessons that cover the basics of nutrition and physical activity for young children. Model lessons are designed to be taught by a trained health educator as the lead with the classroom teachers assisting the lesson as requested, observing the health educator, and learning from best practices done with the children. Later that same day, each teacher debriefs with the health educator by describing what they learned, what practices they plan to incorporate into their classroom instruction, and what they would like to learn in future model lessons. The process is evaluated and teachers are provided 1 hour state approved continuing education credit. Model lessons demonstrate for teachers how health education can support classroom management, child development and state learning standards. Evaluation results include positive evaluations from classroom teachers, center uptake of improved nutrition and physical activity pedagogy, and development of a basis for continued technical assistance by the health educator. This interactive session will share insights into results of the HealthMPowers model lessons in improving pedagogy and how to develop a strong model lesson approach including health educator training and teacher evaluation. Participants will develop skills in designing and implementing a model lesson and planning for integrating model lessons into ongoing professional development.

Session Type: Oral - Experiential Teaching

Session Title: Art as a teaching tool for professional preparation in the university classroom

Session Number: D3

Submitting Authors: Dr. J. Hope Corbin

Authors Bio: Dr. Hope Corbin is associate professor and director of the Human Services program in the department of Health and Community Studies at Western Washington University. Hope is committed to scholarship and teaching that improves peoples' ability to express and amplify their voices in pursuit of their own development and that of their communities (particularly with people and communities that have traditionally been silenced). Hope focuses on how partnership can be vehicle to share and leverage experiences, strengths, knowledge, power and privilege to promote health. Hope has published widely on these topics. Lately, she is exploring how these goals can be achieved through the arts and will be publishing a book on the topic in 2020 with colleagues from Argentina, Norway, and the U.S. Hope serves as Deputy Editor-in Chief for Health Promotion International.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session the participant will be able to plan at least three educational activities that incorporate creative elements to enhance student learning in a higher education setting.

Keywords: Global Health, Professional Preparation, University/College

Special Populations: New Professionals

Full Abstract Detail: This workshop will explore opportunities and strategies for including arts-based activities in undergraduate professional preparation programs.

Incorporating art in the classroom has many benefits. Art provides new and creative ways to present materials and explore the human experience of health conditions (particularly disparities). Art also provides a means to embody learning and to connect with content through unique pedagogical processes. Art, as a creative activity, promotes fun and well-being and can build community in a classroom setting. Art also promotes social justice in teaching as it inherently respects different ways of knowing, and honors learning styles that are often neglected in traditional pedagogy.

This workshop will begin by presenting the experience of incorporating art-based activities and assignments in a global health class at Western Washington University over five years. Sharing photos and actual step by step instructions, we will discuss strategies for including art as course content (e.g., arts-based research, film, novels, memoir, etc.), tools for arts-based discussions (e.g., collective chalkboard drawings, art activities with discussion elements), and assignments that encourage deep reflection. As a group we will experiment with some of these arts-based activities and then discuss the techniques and our experience of them. We will conclude with a conversation about challenges encountered in the global health course and lessons learned.

This will be a fun and very interactive session which will provide concrete guidance for the adventurous instructor who is looking to connect students with their humanity and offer a different yet meaningful approach to some aspects of professional preparation.

Session Type: Oral - Advocacy/Policy Tips and Tools

Session Title: The art and science of undergraduate health advocacy pedagogy: Assessing the integration, instruction, and application of advocacy for social change within the health education curriculum and early-career practice

Session Number: D4

Submitting Authors: Christina Lynn Jones

Authors Bio: Christina Jones, PhD, is a tenure-track Assistant Professor in the Department of Nutrition and Health Science in the College of Health at Ball State University. Dr. Jones' expertise and accompanying research program in health disparities and health advocacy in vulnerable populations spans across chronic disease prevention, social justice and health, and health behavior theory, using both qualitative and quantitative methodologies. Much of Dr. Jones' research productivity is attributable to her engagement with undergraduate researchers. She has worked with over 15 students in the past three years on team or individually-designed research projects, including summer undergraduate research fellowships in community-based research. At the University of Wisconsin-Whitewater, she served as an undergraduate research fellow.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session, participants will be able to outline the perceived importance of integrating advocacy and social change within the undergraduate, health education curriculum from the perspective of multiple stakeholders.

By the end of the session, participants will be able to evaluate the challenges associated with integrating advocacy and social change within the undergraduate, health education curriculum.

Keywords: Advocacy, Professional Preparation

Special Populations: Mid-Career Professionals, New Professionals

Full Abstract Detail: Of the seven key competencies required of public health education professionals, competency seven argues that a competent health educator must have the ability to communicate, advocate, and promote health and the health education profession. While current curricula in many health education programs devote a variety of subject-specific courses to the other competencies required of health educators, there are often no unique courses focusing on the development of advocacy skills. These topics are often integrated as components of upper level classes, but these skills are not directly assessed as individual student outcomes. Our students must be prepared to act as decision makers to shape public policy that addresses today's ongoing public health concerns. The presentation that follows provides a comprehensive evaluation of one department's fostering of advocacy skills in the training of their health education students, from multiple perspectives. Phone interviews were conducted with a sample of internship site coordinators (n = 12) that commonly direct the senior experiences of undergraduates in the program, assessing the use of competency seven in internship positions. Quantitative surveys, using Qualtrics survey software, were directed to all program faculty (n = 8), assessing how they integrate advocacy in their courses, and a representative sample of

recent graduates (n = 43), sharing perceptions of how skillful they felt at advocacy-based work. Descriptive analysis of survey responses and thematic analysis of interview transcripts revealed that competency seven skills are important to the growing health education and promotion workforce, from the perspective of both recent graduates and internship site coordinators. When recent graduates were asked if they perceived advocacy to be an important and/or useful skill in today's workforce, 64% of our students replied definitely yes, and when asked to reflect upon the usefulness of advocacy as a general citizen (not connected to a workplace skill), 45% of our students replied definitely yes. While not many students had been asked to engage in advocacy work as part of their internships or entry-level positions, those who had been asked to engage in advocacy reported a wide variety of advocacy tasks, with the most common being complying with organizational policies in their own place of work associated with advocacy and accessing resources necessary to engage in advocacy work. The development of advocacy plans was uncommon. Program faculty indicated that advocacy instruction does currently take place in the curriculum. However, it has a limited focus, and the content varies widely across courses and instructors. Those competencies receiving no instruction across all responding faculty members included the ability to develop, implement, and evaluate advocacy plans. Additionally, advocacy assessment is lacking, in both standardization and consistent practice.

Session Type: Oral - Advocacy/Policy Tips and Tools

Session Title: Empowering Health Activists to Build a Movement Through a Fellowship Program

Session Number: D4

Submitting Authors: Ms Amanda R Gabarda

Co-Authors: Dr. Camille Camille Clarke-Smith, Kate Dickerson, MSc, Scotland Huber, MS

Authors Bio: Dr. Gabarda is the Director of Clinical Training & Development at UPMC Health Plan where she is responsible for designing, scaling, and evaluating evidence-based health coaching interventions and preparing health coaches for board certification. She has a Bachelor and Master of Science in Exercise Science from Slippery Rock University, A Master of Public Health from Walden University, and a Doctorate of Education from the University of Pittsburgh. Dr. Gabarda also has a deep passion for addressing health equity, social justice, and the elimination of health disparities among underserved and at-risk populations. Her current research focuses on an experiential training “The Poverty Simulation” and improvements in understanding of and attitudes towards poverty in healthcare providers.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Demonstrate how public health students and professionals can become effective health activists within their professional passion-areas.

Understand the framework for an intensive 9-week Health Activist Fellowship including how to form an action group, learn to advocate effectively, plan compelling strategies, and build a case for action and share examples of two successful health activist projects that are sparking positive change in their community.

Keywords: Access to Health Care, Career Development/Professional, Health Equity

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Health activism challenges a complicit healthcare system and advocates for the transformation of inadequate policies through thoughtful action and creative coalition-building. If public health practitioners want to spark change on a systemic or policy-level they must learn from other disciplines and unlikely allies to create movement for this change. The Jonas Salk Health Activist Fellowship empowers public health professionals to create the health system in which they want to work. The 9-week Fellowship is designed to teach health activists how to build a movement through forming an action group, advocating effectively, planning compelling strategies, and building a case for action. Fellows are exposed to the nuts and bolts of advocacy. They are tasked to think outside of marching in the streets, and to understand how to actually change policy, practice, and perspectives. They are introduced to how to identify the root cause of the problem they want to address; how to approach coalition building and “reaching across the aisle”; strategic media engagement and storytelling; working with elected officials and government administrators; utilizing technology; learning from entrepreneurs and business owners; and developing a public policy action plan. During the

Fellowship, participants are matched with mentors in their field of interest and are provided the opportunity to engage with a “pitch coach.” The health issues that have been addressed span across the healthcare system, including, but not limited to, improving maternal health and addressing the U.S. maternal mortality crisis; assessing the health needs of older LGBTQ individuals; improving low-income families’ access to child resources; uncovering solutions to physician burnout; and developing programs to address social determinants of health. At the end of the 9 weeks, activists pitch their idea at the Health Activist Expo, an inspirational evening and gathering of academic and community leaders supporting positive change in the community. Activists also use the Health Activist Network, an in-person and online hub for health activists, to build and sustain their movement’s momentum. This presentation discusses the Fellowship and how two health activists built the skills to create action in their communities and workplace. One health activist addressed knowledge and understanding of the impact of Social Determinants of Health in healthcare providers. Through the Fellowship, the health activist learned tactics to build a movement and planned a strategy using a training called the Poverty Simulation. Another health activist founded the non-profit T.H.A.W. (Transforming the Health of African American Women) in Pittsburgh, PA to motivate, inspire, and inform healthy lifestyles through evidence based culturally specific approaches. The health activist used the framework of the Fellowship to learn how to successfully rally support and start the nonprofit.

Session Type: Oral - Advocacy/Policy Tips and Tools

Session Title: Organization and Implementation of an Annual LGBTQ Statewide Lobby Day

Session Number: D4

Submitting Authors: Eric Conrad

Co-Authors: Kelly Corrine Hall

Authors Bio: The author of this session was intricately involved in the development and implementation of this LGBTQ statewide lobby day. The author has an MPH and is currently a Certified Health Education Specialist.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: Discuss strategies and tips used to organize and implement a successful statewide lobby day

Explore specific considerations and strategies to strengthen advocacy efforts in marginalized populations

Keywords: Advocacy, Health Equity, LGBTQ

Special Populations: Disadvantaged Populations, LGBTQ+

Full Abstract Detail: Advocacy is a critical component of health education as a vehicle to improve health equity through social justice movements. The purpose of this session is to present the process and results of a statewide lobby day designed to address health disparities in a marginalized population. Specifically, this session will focus on providing strategies and practical tips that have been successfully employed to organize and implement an annual statewide lobby day advocating for LGBTQ equality which has been demonstrated to increase constituent confidence engaging with legislatures. The main components of this lobby day included; (1) distinct training for lobby day leaders and participants, (2) decreasing barriers to lobby day attendance, (3) incentives for participation, and (4) leveraging community organizational capacity and resources to strengthen the program. LGBTQ lobby day leaders were identified and participated in a 3-hour training to discuss their role and responsibilities, as well as receive guidance for leading a lobby team through the state capitol. Components of the leader training included how to navigate the state capitol, how to create an inclusive space for all identities, policies and procedures to request a legislature off the state floor, and conflict resolution skills. The participant trainings focused on increasing collective efficacy in telling their own story in an appealing way to legislatures through the Social Cognitive Theory constructs of observational learning and facilitation/behavioral capability. Other components of the training included issue briefing on the policies, implications of policy change, and message framing tips to provide a strong rationale for policy change. Organizers attempted to decrease barriers for participation with advanced notice marketing efforts, providing transportation from rural areas, offering scholarships for travel, as well as providing childcare and an inclusive space for all involved. Incentives for participation included raffle items for gift cards, state swag apparel, and meals for the day. Efforts were strengthened through collaboration with sexual and reproductive health coalitions, including the states leading coalitions for healthcare reform,

and faith-based community organizations. These collaborations were instrumental in demonstrating the breadth of policy implications to legislatures and participants. The most recent lobby day resulted in over 300 participants, with representation from all state counties and districts. Qualitative feedback collected in order to understand constituent experiences indicated participants appreciated the lobby day and found the training effective. Organizer, leader, and participant feedback indicate strengths of the program include providing a safe and inclusive environment for marginalized individuals to engage in the legislative process, increasing participant self-efficacy regarding policy, and a demonstrated capacity for sustainability.

Session Type: Roundtable: Training/Elearning

Session Title: CDC's Quality Training Standards: A Catalyst for Change

Session Number: D5

Submitting Authors: Gabrielle Benenson

Co-Authors: Martha E Alexander, Rebecca Parker

Authors Bio: Gabrielle Benenson, MPH, is the Chief of the Education and Training Services Branch in the Division of Scientific Education and Professional Development, at the Centers for Disease Control and Prevention (CDC). Ms. Benenson leads communication, education, and training activities to help CDC programs and partners get quality, accredited educational activities to the public health workforce. Her branch provides services to CDC programs and funded partners for development, design, accreditation, management, and promotion of public health training. Since joining CDC in 2000, she has developed training materials and programs for health professionals, built training and communication teams, and led communication and education teams in numerous public health emergency responses including 2009 pandemic H1N1 flu, Middle East Respiratory Syndrome, and most recently, Ebola.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Describe the rationale and process for developing CDC's Quality Training Standards to improve the quality of public health training

Identify where to find more information and tools to use the standards

Keywords: Program Planning, Quality Assurance, Workforce

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: As training budgets shrink, more of the workforce retires, and it becomes harder to find time for training during a busy work day, it is more and more important to ensure public health training meets a level of quality. CDC program staff across the agency develop, procure, or invest in training and education on a number of topics for a variety of audiences. Before 2018, the Centers for Disease Control and Prevention (CDC) had no standard measurement to ensure training quality. The expertise for quality training development existed with health educators and instructional designers, but did not reach everyone involved in training development, delivery, or procurement at CDC. A group of health education specialists and other training leaders created a set of eight standards that met criteria for being science-based, broad enough to apply to all training types and audiences, flexible for complex and simple approaches, and designed to guide training development. By setting the bar and ensuring CDC trainings are high quality, the public health workforce will increase their knowledge, build skills, and be better equipped to meet the public health challenges of the 21st century.

This presentation will provide the rationale for the quality training standards, describe how this group of health educators came together to create a set of standards, share the steps and communication

strategy that have led to a culture shift and adoption of the standards across CDC, and highlight tools and resources that participants can use to help improve the quality of public health training.

The CDC Quality Training Standards Workgroup led the first effort to create and adopt an agency wide set of standards for quality training. By developing standards and processes to help improve the quality of training available to the workforce, the CDC Quality Training Standards provide a model for others to use to improve the quality of training and serve as a catalyst for change.

Session Type: Roundtable: Training/Elearning

Session Title: A Regional Training Needs Assessment Process: An Opportunity to Nurture Partnerships While Developing State and Regional Training Plans

Session Number: D5

Submitting Authors: Laura M Lloyd

Co-Authors: Dr. Melissa Alperin, Matt Fifolt, Elena Kidd, MPH, Lisa McCormick

Authors Bio: Laura Lloyd has over 30 years management experience in continuing professional education, program planning, field placement (applied practice experience) advisement, workforce development and training, and health education in the university, nonprofit organization and membership association settings. She is currently the Associate Director of the Region IV Public Health Training Center and as such oversee all professional training programs for the public health workforce in the 8 southeastern states in HHS Region IV.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: - Describe the process taken by the Region IV Public Health Training Center to assess state and regional training priorities in the eight states of Region IV

- Discuss the importance of partnerships in identifying state and regional public health workforce training needs

Keywords: Partnerships/Coalitions, Professional Preparation, Workforce

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: A well-trained public health workforce is essential to address current and emerging health needs of communities, but training needs are becoming more complex as professionals need additional skills to work across sectors to address community-based social determinants of health. Since 2014, the Region IV Public Health Training Center (R-IV PHTC), headquartered at Emory University in Atlanta, has been funded by the Health Services and Resources Administration to provide professional development for the governmental public health workforce in 8 southeastern states in the U.S. The R-IV PHTC's competency-based trainings are guided by state-identified needs and focus on primary strategic skills and priority health concerns in the region.

With a new round of funding in 2018, the Region IV PHTC central office and its community-based training (CBT) partners, developed a training assessment process and corresponding tool to identify training needs in each state and prioritize common needs across the region, while also maximizing limited financial and human capital. Pivotal to the process was the engagement of public health partners from each state-level department of public health for key stakeholder interviews.

In collaboration with the state CBT, staff at the R-IV PHTC central office invited state health department partner(s) - with knowledge of workforce development needs at the state and local levels - to complete a training needs template and take part in conference calls to discuss and clarify needs. Completion of this process helped the central office and CBT staff fully understand the top training needs within the

state, the audience for each identified need, and the training modality best suited to meet the need. At the conclusion of this process, the central office team was able to draft a state-specific training plan that identified competency and strategic skill training needs across all levels within the state's public health system. Once information on state training needs was collected, the R-IV PHTC aggregated these needs based on common themes to determine crosscutting regional training priorities. For each regional training need identified, the tool also provides links to previously developed trainings, allowing states to incorporate existing trainings into their training plans and the R-IV PHTC to identify training gaps. As new training priorities are identified by each state, they can be easily integrated into the regional needs assessment database, ensuring regional priorities are continuously updated.

This session will provide an overview of the assessment process and how the R-IV PHTC utilizes the tool to guide the identification, development and delivery of trainings to meet the needs of the practice community. In addition, the session will also share insight into how existing partnerships have been nurtured and new partnerships developed through this process.

Session Type: Roundtable: Training/Elearning

Session Title: From SME to Exceptional Trainer: Working with Experts to Create Engaging and Relevant Trainings

Session Number: D5

Submitting Authors: Hilary Merlin, MEd

Co-Authors: Dr. Melissa Alperin, Mary Joyce Bacon, Mrs. Michelle L Carvalho, Laura M Lloyd

Authors Bio: Hilary Merlin, MEd, has worked as a health educator and advocate for over 15 years, serving in healthcare, educational and community-based settings. Hilary has developed and implemented trainings for a variety of professional learners, including early childhood educators, K-12 teachers, healthcare providers, and health educators. In her role as Training and Communications Specialist for the Region IV Public Health Training Center at the Rollins School of Public Health at Emory University, she coordinates in-person professional development workshops for the public health workforce throughout the Southeast. Hilary earned her Master of Education in Health Promotion and Behavior from the University of Georgia.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of this session, the participant will be able to summarize strategies for sourcing, developing and evaluating trainers for professional staff development or health education activities.

Keywords: Career Development/Professional, Continuing Education, Workforce

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Since 2014, the Region IV Public Health Training Center has been funded by the Health Services and Resources Administration to provide professional development for the governmental public health workforce in the Southeastern U.S. During this time, we have reached over 35,000 training participants, including new, mid-career and seasoned public health professionals. Our competency-based trainings are guided by state-identified needs and focus on primary strategic skills and priority health concerns in the region.

Once gaps are identified through our mixed methods needs assessment approach, our attention turns to finding and engaging subject matter experts (SMEs) to build workforce capacity. In this session, we will share best practices for and lessons learned from working with SMEs to produce high-quality learning experiences. We will cover the lifecycle of this relationship, including:

-A variety of avenues for sourcing SMEs

-Options for appraising SMEs before engaging their services, including if the preferred training modality is suitable

-Suggestions for setting expectations of SMEs and delineating responsibilities (written policies)

-Strategies for collaboratively building a strong foundation for a training (title, description, learning objectives, understanding the target audience)

-Ways to evaluate and offer feedback for improving SME performance

-Considerations for phasing out partnerships with SMEs

We will also share case studies that describe both especially challenging and uniquely successful relationships with SMEs. Participants will leave with a set of recommendations that they can use to source and cultivate exceptional SMEs to meet the continuing education, workforce development or other learning needs of their staff or program's target audience.

Session Type: Roundtable: Training/Elearning

Session Title: Integration, Innovation, Implementation, and Gamification: a how to guide to developing eLearning modules

Session Number: D5

Submitting Authors: Cynthia Karlsson

Co-Authors: Tara Bostock, Robert Hunter, Colin Mitchel, Alison Puckett

Authors Bio: Cynthia Karlsson has nearly twenty years of public health and health education experience. She holds a Master of Public Health and a Master of Exercise Science and Health Promotion. Cynthia works for a large public health agency and is leading the agency's eLearning development team tasked with the development of the evidence-based/evidence-informed public health practice workforce training modules.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of this session, the participant will be able to develop a basic eLearning module including a storyboard, embed videos, voiceovers, upload, promote, and publish to a learning management system.

By the end of this session, the participant will be able to develop a basic eLearning script.

Keywords: Resource Development, Technology, Workforce

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: A brief outline of the history, process, and data analysis used to develop eLearning modules. In addition, a short summary of several learning styles and learning preferences, and adult learning theory will be discussed. Next, the panel will provide a "how to" and hands-on workshop including activities from graphic arts, social media/web expertise, communication, and health education on how to build an eLearning module.

Development of content: As the content expert, the Health Educator on an eLearning project will discuss the importance of Plain Talk, audience testing, and pre/post evaluation to determine successful implementation of learning objectives into the modules and if they were successful. Problem-solving techniques will also be discussed to solve learning objective alignment issues. During the panel discussion, the Health Educator on the project will give insights and tips for developing a storyboard and script. This includes, but is not limited to how to take an abstract concept and make a coherent story that your audience will understand and relate to.

Development of a communication plan: Communication planning is vital to sharing eLearning modules internally at an agency and externally to partners and other interested parties in an equitable and thorough way. Internal communication requires a plan to provide clear and concise messaging and activities that help program staff understand the value of the training, such as how an approach will increase the reach and efficacy of a new program. Next, how to engage with leadership to promote the

training/ modules and help staff in all vocations see how it applies to their work. Also, creating videos to share how training can undergird the work of an agency as a whole. Externally, how to plan to reach out to partners, universities, and other public health departments to share the modules and garner excitement for the opportunity to improve outcomes and knowledge equity. Your messaging will focus on the importance of your work in public health and how your modules can help everyone, regardless of their background, work more effectively.

Elearning Developer: Modification of storyboard and script used to develop the eLearning module. How to refine the draft storyboard and script, integrate user interactions and gamification into an authoring tool, such as Adobe Captivate or Articulate Storyline. Finally, how to upload and publish into a learning management system or YouTube.

Session Type: Roundtable: Cannabis Tobacco

Session Title: The Legalization of Cannabis Use and Its Impact on Tobacco Control

Session Number: D6

Submitting Authors: Craig Austin Wingate

Co-Authors: Edith Superio Cabuslay, Francesca Lomotan

Authors Bio: Craig Austin Wingate is a Public Health Educator for the San Mateo County Health's Tobacco Prevention Program. Craig holds master's degrees in Public Health and International Marketing, and has over a decade of experience working in the health education and promotion sector. He has worked on a range of health topics that include HIV/STI prevention, Alzheimer's disease, and tobacco prevention. Two of Craig's many accomplishments are creating an African American Committee for Alzheimer's Association Northern California Chapter, and doubling the attendance of an Alzheimer's disease Forum for Bay Area African Americans through the development and implementation of an integrated marketing campaign.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the end of this session, participants will understand how cannabis control policies can potentially impact tobacco control policies.

By the end of this session, participants will learn at least one strategy and tactic for cannabis control that benefits tobacco control.

Keywords: Advocacy, Partnerships/Coalitions, Smoking & Tobacco

Special Populations: Children & Adolescents

Full Abstract Detail: Background:

San Mateo County (SMC) is known for being a maverick in regards to adopting tobacco control policies. In 2007, the City of Belmont, in SMC, became the first city in the nation to adopt a smoke-free multi-unit housing (SF-MUH) ordinance. Since then, twelve of the 21 jurisdictions in the county have adopted a SF-MUH ordinance. In addition to the SF-MUH policy, several cities have adopted a variety of tobacco control policies such as tobacco-free pharmacies, and policies that require tobacco retailers to apply for a tobacco retailer license (TRL) in order to sell tobacco products. The policy successes that SMC has had are due in part to the community partnerships, education, and mobilization efforts carried out by the SMC Tobacco Education Coalition (TEC).

Since its inception, the TEC has been working towards a smoke-free SMC. However, the Coalition's efforts are in danger of being derailed by Proposition 64, the California state bill that legalized the use of cannabis. Although tobacco and cannabis control are separate issues, cannabis legislation has started to negatively impact tobacco control legislation. One example of this is when the City of Half Moon Bay, in SMC, voted to adopt a smoke-free multi-unit housing ordinance with an exemption for vaping medical cannabis. Making such an exemption has the potential to revive harmful indoor tobacco use behaviors and perceptions, and again expose residents, particularly children and adolescents, to toxic chemicals.

Half Moon Bay's decision ultimately voids the primary objective and health benefits of a SF-MUH ordinance.

Method:

One way to protect the public's health is to apply the strategies and tactics from tobacco control to cannabis control. In December 2018, staff from the SMC Tobacco Prevention Program (TPP), which staffs the Tobacco Education Coalition, presented at a SMC Alcohol and Other Drug (AOD) Prevention Program meeting. During the meeting, TPP staff facilitated a discussion about 1) the current status of tobacco control in SMC, 2) the intersection of tobacco and cannabis control, 3) how cannabis legislation is currently negatively affecting tobacco control efforts, and 4) possible solutions.

Conclusion:

Since the December 2018 meeting, the AOD Prevention Program started incorporating tobacco advocacy strategies and tactics into their cannabis control work. The AOD Prevention Program recently created an AOD Coalition similar to TEC to help build community support and coordinate cannabis control efforts. AOD staff has also started collaborating more with TEC and TPP, and encouraging their subcontractors to advocate for cannabis and tobacco control policies.

Session Type: Roundtable: Cannabis Tobacco

Session Title: Addressing teen tobacco and vape use: Learnings from a tailored Alternative teen campaign

Session Number: D6

Submitting Authors: Carolyn Stalgaitis

Co-Authors: Mayo Djakaria, Heather McCully

Authors Bio: As a public health researcher, my area of expertise is in tobacco control formative research and campaign evaluation efforts, focusing on high risk, hard-to-reach teen populations. I developed the evaluation design for this project, and oversaw data collection as well as the analysis and reporting. I have led similar evaluation efforts across other social marketing and social branding campaigns over the last 6 years.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Assess the efficacy of a tailored teen tobacco prevention campaign to address tobacco use including vaping.

Summarize an evaluation sampling methodology used to recruit a hard-to-reach teen population using a social media platform.

Keywords: Child/Adolescent Health, Smoking & Tobacco, Social Marketing/Health

Special Populations: Children & Adolescents

Full Abstract Detail: Background

From 2017 to 2018, declining youth cigarette smoking rates in Canada reversed, and current vape use almost doubled following legalization of vapes containing nicotine. Prior to this, in 2015 the Central West and Southwest Tobacco Control Area Networks and Rescue Agency launched UPRISE, a social branding tobacco prevention campaign tailored to the Alternative peer crowd, a subculture with shared values and interests at increased risk for tobacco use in Ontario. The campaign tied tobacco-free messaging to the values and interests of Alternative teens, and sought to change peer crowd tobacco use norms through innovative channels (e.g. engaging with teens at rock concerts, leveraging support from rock band influencers). This abstract describes campaign progress evaluations conducted after 2 and 4 years of implementation, to inform health education efforts for changing tobacco use patterns. Of particular interest were trends in vape use and potential protective effects of UPRISE against vaping.

Methods

An online, cross-sectional evaluation was conducted in 2017 (n=973) and 2019 (n=875) with Central West and Southwest Ontario youth ages 13-18 recruited via social media. Participants provided data on peer crowd identification (5 crowds including Alternative); awareness of, engagement with, and support for UPRISE; tobacco attitudes, beliefs, and norms; current tobacco use; ever use of vapes, cigar products, hookah, and smokeless tobacco; and quit intentions. Those with any Alternative identification

were considered “Alternative” and therefore in the campaign’s audience; all others were categorized as “non-Alternative.” Analyses statistically compared campaign awareness, Alternative vs. non-Alternative youth, and Alternative campaign-aware and unaware youth across years to understand how attitudes, beliefs, norms, and behaviors differed across time and groups. Significant differences were determined at $p < .05$.

Findings

Campaign awareness increased significantly over time, and reached 37.0% of the Alternative campaign audience in 2019, significantly higher than non-Alternative youth. Among campaign-aware Alternative youth, about 85.0% supported UPRISE’s tobacco-free stance. Campaign-aware participants reported stronger anti-tobacco attitudes and beliefs than unaware, despite reporting higher rates of current tobacco use in 2017 (59.0% vs. 45.0%, $p < .05$). Current vape use increased dramatically from 2017-2019, but with greater increases among non-Alternative (31.0% to 54.0%) than among Alternative youth (37.0% to 49.0%, all $p < .05$). Current cigar product use also increased over time among non-Alternative (13.0% to 19.0%, $p < .05$) but not Alternative (19.5% to 18.0%).

Conclusions

UPRISE reached its intended audience of Alternative teens in Ontario, and may have led to slower than average increases in tobacco use during a period of rising vape use. Tailored health education efforts such as UPRISE demonstrate promise in reaching higher-risk youth.

Session Type: Roundtable: Cannabis Tobacco

Session Title: Evolution in the use of flavored tobacco product among racial/ethnic minority youths in the US

Session Number: D6

Submitting Authors: Dr Ransome Eke

Co-Authors: Evi Addoh, Dr. Brian C Gordon

Authors Bio: I am Assistant in the Department of Health Science at the University of Alabama in Tuscaloosa. My education background include doctoral degree in epidemiology from the University of Memphis, Master of Public Health degree and Doctorate of Medicine degree. My research area is focused on minority health, chronic disease epidemiology and health outcomes studies.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of this session the participants will be able examine the pattern of flavored tobacco among minority population in this US. An opportunity for health education about tobacco targeting minority population.

Keywords: Epidemiology, Health Behavior, Minority Health

Special Populations: Disadvantaged Populations, Minority Populations, Young Adults

Full Abstract Detail: Objective

There is increasing demand of flavored tobacco products among youths and young adults in the US. Effect of flavors (e.g. mints, cherry) in masking the harshness and irritation of smoking could be attributed with strong appeal in the use of these product among the younger population. Given the limited data on flavored tobacco use among minority youths in the US, this study examines the pattern in the use of flavored tobacco product among youths of racial/ethnic minorities in the US, over a 5-year period (2013-2018).

Methods

We used data from the 2013-2018 National Youth Tobacco Survey (NYTS). The outcome measure was minority cigar smokers (African American/ Blacks, Hispanics and Asians) who reported ever using flavored tobacco product in the past 30 days. We used descriptive statistics and trend analyses to assess changes in practice over time.

Results

About 20% (n= 8,699,165) participants reported ever-using tobacco product in the past 30. Of this number, approximately 69% of subjects had used a flavored tobacco product. The most commonly used flavors include fruit (16%), menthol mint (13%) and candy (10%). While commonly used flavored products were chewed tobacco (22%), e-cigarette (14%), little cigar (10%) and hooker (8%). No significant pattern was observed with regards to flavor and flavored product use. There was a significant

period effect in the decrease in flavored tobacco use from 21.7% in 2013 versus 11.2% in 2018 ($p < 0.001$). Compared to Blacks, youths of Asian (OR: 1.96; CI: 1.48-2.59) and Hispanic (OR 1.85; 95% CI: 1.60-2.13) minority groups are more likely to use flavored tobacco product.

Conclusion

Significant ethnic/ racial differences exist in the continued use of flavored tobacco products among minority youths in the US. Appropriate health education and counseling on effects of smoking, targeting minority racial groups is critical.

Session Type: Roundtable: Cannabis Tobacco

Session Title: Strategies to optimize equitable online health research participation among patients with tobacco-associated lung conditions

Session Number: D6

Submitting Authors: Dr. Samantha R Paige

Co-Authors: Dr. Janice L. Krieger

Authors Bio: The presenting author is a Postdoctoral Fellow who examines the social influence of technology on health decision-making among adults who are at-risk or living with tobacco-associated lung diseases. She has a special interest in rural health disparities in Chronic Obstructive Pulmonary Disease (COPD). Over the course of her training, she has successfully recruited/enrolled older adults from low socioeconomic backgrounds to participate in interviews and online research studies. She has published articles on strategic online recruitment techniques.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: By the end of the session the participant will be able to describe the socio-demographic profile of patients recruited from two recruitment networks: social media and an electronic research registry;

By the end of the session, the participant will be able to justify the use and features of pre-notification recruitment messages (postal and/or electronic) for online research.

Keywords: Clinical Trials, Research Design and Methods, Rural Health

Special Populations: Older Adults

Full Abstract Detail: Background: Building evidence for the efficacy of online health promotion programs among patients with tobacco-associated lung conditions is an international priority. Patients use electronic research registries and social media, making them ideal recruitment networks. However, significant inequities exist in health and medical research among this patient population, which is generally older and prone to experiencing sporadic health events. To begin addressing inequities in health research participation, strategic recruitment approaches that are salient to the patient population must be explored to optimize the recruitment and enrollment.

Objective: To present recruitment methods that optimize online research enrollment among patients with tobacco-associated lung conditions. We present the socio-demographic profiles of those recruited from social media and a research registry. We also present evidence for the use of tailored pre-notification messages co-created by patients.

Methods: For 1-week in April 2018, a 20-minute online survey to assess health information seeking experiences of adults with obstructive lung conditions was conducted. Participants were from a university research listing webpage and electronic research registry. From the registry, 2100 adults meeting inclusion criteria were identified: at least 40 years old, a J40-J47 ICD-10 code assigned to their

electronic health record (EHR), and a United States Postal Service (USPS) mail and personal email address on file. Once identified, participants were randomly assigned to one of three pre-notification experimental arms: email message (n=700), USPS message (n=700), and control (n=700). An initial email notification was delivered three days after the pre-notification was received. Two reminder notifications were delivered via email. The recruitment messages were co-created with 10 patients from a community-engaged research program by following principles of message design for health research recruitment (completeness, relevance, credibility).

Results: An equal number of research registry and social media participants enrolled. Compared with registry participants, social media participants were younger, less rural, and reporting severe respiratory conditions. More participants assigned to the pre-notification groups completed the survey, compared to the control group (77.7% and 22.3%; $p < .001$). Mailer pre-notifications resulted in greater completion than email pre-notifications (65.6% and 61.3%; $p < .001$).

Conclusion: Social media and research registries are effective recruitment networks for online research; however, the socio-demographic profile of participants varied across each network. Personalized and patient co-created pre-notification messages enhanced enrollment. Health education specialists should consider the socio-demographic profile they intend to reach when considering recruitment networks. Pre-notification messages should be considered to enhance enrollment rates.

Session Type: Oral - Rural Health

Session Title: Trends in the use of Evidence-Based Practices in Rural Health Systems

Session Number: E1

Submitting Authors: Ms. Coleman Tanner

Co-Authors: Amanda Phillips Martinez

Authors Bio: Coleman Tanner, MPH, CHES is a Research Associate with Georgia Health Policy Center's Community Health Systems Development team where she provides technical assistance to a diverse group of rural communities in assessments, strategic planning, implementing evidence-based practices, and sustainability planning.

She brings experience in upstream approaches to create policy, system, and environmental solutions to public health problems utilizing skills of building partnerships and coalitions and community organizing. Building the capacity of multi-sectored partnerships to address the social determinants of health has been a focus of Tanner's professional work.

Tanner holds a Master of Public Health from the University of South Carolina and a Bachelor's of Science in Health and Exercise Science from Wake Forest University.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: • Apply a systems lens to understanding the social determinants of health are inextricably connected in reinforcing and balancing parts of a larger system and how these elements can drive both positive and negative changes in rural communities.

• Reflect on how local, state, and national health leaders, funders, policymakers, researchers, and program managers can appropriately engage rural communities as partners and experts when designing policy, research, and program initiatives.

Keywords: Health Disparities, Rural Health, Systems Science

Special Populations: Disadvantaged Populations

Full Abstract Detail: Rural America faces many health inequities and health disparities. Rural Americans are more likely than their non-rural counterparts to die from the top five causes of death: heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke. (Moy et al. (2017). Leading Causes of Death in Nonmetropolitan Areas – United States, 1994-2014. *Surveillance Summaries*, 66(1);1-8.) These disparities are the result of larger social factors.

Georgia Health Policy Center developed a Rural Landscape module based on over 20 years of work in rural communities nationwide. The module includes a model of the key factors affecting rural communities and a three-step framework to increase rural relevance in research, policy, and programming.

This workshop will help participants understand rural health and health care challenges; analyze the systemic relationships between these challenges and conditions that affect health outcomes. Additionally, participants will understand the assets of rural communities, as rural communities are developing and adapting innovative solutions to address some of the most substantial economic, geographic and social challenges that influence health and health care. This session will explore how evidence-based policies and practices are being translated, innovated, and replicated in rural communities.

Understanding not only the challenges that rural and frontier communities face but also the drivers behind them is key to discovering how to more meaningfully engage leaders. The framework for understanding the factors at play in rural health disparities, and a strategic approach public health leaders can use to advocate with state and federal funders to ensure that programs, policies, and research initiatives are more rural-relevant.

Session Type: Oral - Rural Health

Session Title: Tackling Rural Health Issues: Building a Comprehensive Partnership Network of Healthcare Systems, Community Partners, and Academic Institutions

Session Number: E1

Submitting Authors: Dr. Jeannine Everhart

Co-Authors: Dr. Meagan Helmick, Dr. Sallie Beth Johnson, Dr. Diana Willeman-Buckelew

Authors Bio: Jeannine Everhart, Ph.D., MPH, CHES is an Assistant Professor in Public Health and Program Director in Health Sciences for Radford University. As a member of the Carilion partner network, Dr. Everhart regularly assists with health promotion and evaluation within SW Virginia. Dr. Everhart teaches courses in Community and Public Health, as well as Health Research. Her recent research activities are focused on topics in opioid abuse, mental health, and oral health as well as other issues currently affecting the rural poor.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Describe the challenges and benefits of a collaborative yet diverse partner network that covers a wide geographic area.

Discuss how academic, community and health system partners, some of whom are competitive businesses, can best leverage each other's strengths to achieve a common goal.

Keywords: Access to Health Care, Partnerships/Coalitions, Rural Health

Special Populations: Disadvantaged Populations, Mid-Career Professionals, New Professionals

Full Abstract Detail: Southwestern Virginia (SWVA), located in the Appalachian foothills, has a rural population burdened with high obesity rates, substance misuse, a lack of primary care physicians, and generally poor socioeconomic conditions. Carilion Clinic, a large healthcare system headquartered in Roanoke Virginia, prides itself on its focus on the SWVA community and the health of that population. Still, Carilion records more than 170,000 emergency room visits per year, as patients seek assistance for many ailments that could be prevented through effective health education.

To combat these difficulties, Carilion initially concentrated on improving access to clinical care. More recently, population health and disease prevention are the focus of improved health outcomes. Carilion created a community outreach team responsible for building a partner network of over 8500 community members and 180 regional organizations. Utilizing best practices, the partner network developed a number of health initiatives including a Food Rx program to prevent diabetes, and employing Community Health Workers to connect residents to services. Though there are improvements, questions remain regarding which programs are most effective, and how to get these programs into far flung and isolated communities. To solve these issues, two major universities have joined Carilion's community partner network.

Virginia Tech and Radford University now each have branch campuses in Roanoke. Roanoke-based Virginia Tech, known as VTC (Virginia Tech Carilion), includes a College of Medicine that requires medical students to have a rotation in Community Health. VTC's Research Institute includes research centers that work with Carilion to evaluate what has been done and suggest new evidence-based health programs.

Radford University established Radford University Carilion ("RUC") in Roanoke in the summer of 2019. RUC students focus on clinical disciplines as well as public health, healthcare management, and health sciences. RUC and VTC faculty, alongside Carilion physicians and community partners, are currently developing programs for effective substance abuse messaging. The RUC Department of Public Health and Healthcare Leadership leads the "Series on Public Health" which recently educated and trained over 200 people from the community on Mental Health First Aid, alcoholism, and the application of Narcan for opioid overdoses. RUC students are recruited from rural areas so they can be educated in public and community health, then return to their local communities as health educators.

By utilizing diverse partners and mobilizing these for a common goal, the Carilion partner network is striving to improve the health of SWVA by injecting effective health education and promotion directly into remote and diverse rural communities. If successful, this effort will improve health outcomes, lower costs, develop an educated rural health workforce, and serve as a role model in healthcare.

Session Type: Oral - Working with Elected Officials

Session Title: Perceptions and Practices of Local Health Officers/Commissioners Regarding Tobacco 21 Policy Advocacy

Session Number: E2

Submitting Authors: Dr. Heidi Hancher-Rauch

Co-Authors: Dr. Jodi Brookins-Fisher, Professor, Dr. Salma Haidar, Ruben Juarez, Mallory C Ohneck

Authors Bio: I have a Ph.D. in health promotion and disease prevention and have practiced in the field for more than 20 years. I have been a university faculty member and researcher for approximately 15 years, the last 12 at the University of Indianapolis. My areas of expertise include health policy and advocacy, program evaluation, and evidence-based health promotion. She teaches courses including Health Policy and Advocacy; Program Planning, Implementation & Evaluation; and Leadership in Public Health. I currently serve as the director of the Public Health Program at the University of Indianapolis. I provides professional service as the Board Trustee for Advocacy & Resolutions for SOPHE, serve on the SOPHE Advocacy Committee, am a member of the Top 10 Steering Committee, and previously served as the director of InSOPHE Advocacy.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: Describe the practices and opinions of local health officials regarding advocacy efforts toward achieving Tobacco 21 policies in their states and communities.

State two ways in which local health officials can increase their knowledge and actions with Tobacco 21 policies advocacy.

Summarize why local health officials need to be at the forefront of Tobacco 21 and other advocacy efforts.

Keywords: Advocacy, Health Policy, Smoking & Tobacco

Special Populations: Children & Adolescents, Young Adults

Full Abstract Detail: In the United States, tobacco use continues as one of the leading causes of disease and death. While current research shows that the prevalence rates of current youth tobacco smoking have been steadily decreasing, there is evidence of upward trends in youth using electronic cigarettes and other tobacco products (Kann,et al.,2016). According to a recent report from the CDC, between 2011 and 2018, the percentage of high school students reporting e-cigarette use increased from 1.5% to 20.8% (In this age group, the use of e-cigarettes increased by 78% between 2017 and 2018 alone) (Centers for Disease Control, 2019). Youth who initiate smoking in adolescence are at a greater risk of becoming addicted to tobacco as adults (United States Department of Health and Human Services, 2014) and most adults who are currently addicted become daily smokers before the age of 18 (United States Department of Health and Human Services, 2012). Tobacco 21 (T21) is one policy that is designed to address the issue of youth tobacco use by using policy to raise the legal sale age for all tobacco products from 18 to 21 years. Despite its recent surge in momentum, the T21 movement is still a relatively new concept. Support from the general public has been fairly well documented in national

surveys, but little is known about the support (or lack thereof) among government officials. Health officers and commissioners in charge of local and district health departments play a crucial role in the development of policies that protect their respective communities from the harms of tobacco (Winnail & Bartee, 2002). This study aims to examine local and district health officers/commissioners support for the T21 by sending an electronic survey to all local health officers/commissioners in Michigan, Indiana, and Ohio (n=183). A 27-question survey was developed, based on the Health Belief Model. Emails of health officers/commissioners were obtained from a combination of public online databases and internet searches to fill in missing email addresses. When health officer/commissioner emails were not available, the survey link was shared with the listed health department administrator. The survey was housed in Qualtrics online data collection software and results will be downloaded to analyze in IBM SPSS software. After receiving IRB approval, the original email containing the first wave of surveys was sent to participants on June 3, 2019, a second wave sent on June 17, 2019. Descriptive statistics and chi-square goodness-of-fit test will be conducted. Results will examine health officers/commissioners current involvement, perceived benefits, perceived barriers, self-efficacy, and other Health Belief Model constructs to gain a deeper understanding to health officers/commissioners attitudes and behavior towards T21 advocacy. This study will provide information on the role of local health officers/commissioners in T21 policy advocacy efforts and discuss how they can become more involved.

Session Type: Oral - Working with Elected Officials

Session Title: Cluster Analysis of County Commissioners' Perceptions of Local Level Firearm Violence Interventions

Session Number: E2

Submitting Authors: Erica Payton

Co-Authors: Towfiqul Alam, William N Dudley, Peace Okpala

Authors Bio: I am a practitioner and scholar in public health education and violence prevention. I have published 8 articles in peer reviewed journals on the topic of gun violence and I have presented my findings at national health conferences including the American Public Health Association (APHA) and the Society for Public Health Education (SOPHE).

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: Identify differences in perceptions of and support of local level firearm violence interventions among subgroups of North Carolina County Commissioners.

Keywords: Injury Prevention/Safety, Policy, Systems & Environmental Change, Violent Behavior/Violent Prevention

Special Populations: Children & Adolescents, Minority Populations, Young Adults

Full Abstract Detail: North Carolina, like most states in the United States, are negatively impacted by firearm violence. County Commissioners are elected officials that are responsible for representing and promoting the welfare of their constituents by making policies and allocating funding. They also have considerable political influence on public health issues including firearm violence. Public health policy has been used to address many public health issues. The same approach can be used to address community level firearm violence. The purpose of this study was to examine North Carolina County Commissioners attitudes, knowledge and perceptions of local level firearm violence interventions. A 3-wave mailing of a valid and reliable questionnaire was sent to the total population of North Carolina County Commissioners (n=582, response rate = 30.8%). Constructs from the Health Belief Model: perceived severity, perceived benefits, and perceived barriers to supporting community violence and firearm violence prevention policies and other interventions were included in the questionnaire. Additionally, questionnaire items were included to quantify North Carolina County Commissioners readiness to implement these interventions, stemming from the Transtheoretical Model. To examine the presence of distinctive subgroups among North Carolina County Commissioners in terms of support for interventions, we employed the Two Step Cluster analysis approach as implemented in the Statistical Package for the Social Sciences (SPSS) 25.0 for Windows. The North Carolina County Commissioners provided binary responses to their support for 12 types of interventions to reduce community level firearm violence. The analyses identified two salient subgroups (group 1, n = 88 and group 2, n = 91). Additionally, we examined predictors of group membership using bivariate tests of association with the Chi square test. These results indicated reliable group differences in a number of demographic variables. Group 1 is predominately male, younger, and Republican ($p = .001$; $p = .03$; $p = .02$ respectively). With regard to gun ownership a striking 81% of the sample reported owning firearms (in

contrast to the 28% ownership in NC as a whole) and there were significant group differences with regard to ownership. Those in Group 1 were significantly more likely to own a firearm, have a concealed weapon permit and be a member of the NRA ($p = .05$; $p = .001$; $p < .001$ respectively). On the other hand, we found no reliable differences in education, race, or perception of who were most likely to be firearm victims (by race, age, gender) in their respective counties. The findings of this study emphasize the importance of understanding perceptions of local level firearm violence interventions among elected officials like North Carolina County Commissioners and engaging them in discussions regarding the benefits of supporting such interventions.

Session Type: Oral - Environmental Health CDC

Session Title: CDC's Tracking Network: A Data Resource to Inform Action and Improve Public Health

Session Number: E3

Submitting Authors: Holly R Wilson

Authors Bio: Holly Wilson is a Master Certified Health Education Specialist who has been with CDC's Environmental Public Health Tracking Program since 2009. In this role, she works with an interdisciplinary team to display and explain environmental public health data in different ways to meet the needs of a variety of audiences, from academic researchers to concerned parents. She began her CDC career in 1999 as health educator, first with the viral hepatitis program then with the TB elimination program. Her professional interests include health literacy and numeracy and writing success stories. Holly holds bachelor and master degrees in health science education from the University of Florida.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: By the end of this session, participants will be able to:

1. Perform a query on the Tracking Network's Data Explorer and customize the data display
2. Describe the utility of Tracking Network data for health education practice

Keywords: Community Health, Environmental Health, Program Planning

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Health educators need quality data to do their jobs effectively, whether they are new, mid-career, or seasoned professionals. Easily accessible, standardized data are essential to inform needs assessments, identify social vulnerabilities and health disparities, plan effective programs, and evaluate efforts. CDC's National Environmental Public Health Tracking Network (Tracking Network) has data and resources to help health educators identify and address current and emerging community health issues and concerns.

The Tracking Network (www.cdc.gov/ephrtracking) brings together data and information on health effects, environmental hazards, exposures, and population characteristics from a variety of national, state, and local sources into one Web-based system. Users can explore over 20 content areas such as air quality, community design, drinking water, heat stress illness, poisonings, and population characteristics. Depending on the content area, data are presented at the national, state, county, and sub-county level for the most current years available. In addition, some content areas have data that are historic, near real-time, or future projections.

The primary way to access Tracking data is through the Data Explorer. The Data Explorer displays data in customizable maps, charts, and tables. Data outputs can be shared and saved in several formats.

Tracking Network data can help users to identify potential and current threats, at-risk populations, and community vulnerabilities; understand trends over geography and time; determine resource needs; inform intervention planning; educate communities; and evaluate program implementation and impacts.

In this session, participants will learn how to access the Tracking Network and perform Data Explorer queries. Participants will learn how to customize the data display and how to save and share the outputs. Session exercises will utilize case studies to demonstrate the real world applications of Tracking Network data to health education practice. Example topics may include emergency preparedness, climate and health, and community health assessments.

The suggested duration for this session is 90 minutes. Participants should bring laptops and be able to access the Internet.

Session Type: Oral - Program Development

Session Title: Sexual health education for transgender youth: What youth need and how schools can help

Session Number: E4

Submitting Authors: Leigh E. Szucs, PhD, CHES

Co-Authors: Dr Paula E Jayne, Michelle Johns, PhD, MPH, Dr. Catherine Lesesne

Authors Bio: Leigh Szucs, PhD, CHES is a Health Scientist in the Division of Adolescent and School Health at the U.S Centers for Disease Control and Prevention. Her research focuses on implementation and evaluation of school-based health education programs, specifically targeting sexual health education to reduce risk behaviors associated with HIV/STD and unintended pregnancy among adolescents. Additionally, Leigh provides TA and CB assistance to local education agencies, using evidence-informed strategies and approaches to address adolescent sexual health outcomes, but also a broader set of protective factors supporting the social, emotional, and learning needs of young people. Leigh earned a Masters of Education in Health Education at Texas State University and PhD in Health Education at Texas A&M University.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Describe the experiences of TG youth with SBSHE, how it impacted their health and resilience, and the specific elements TG youth wished their SBSHE had included.

Understand how schools at a variety of capacity levels can better support TG youth through continuing to invest in evidence-informed and best practice approaches to sexual health education overall, incorporating media literacy skills, and considering the provision of trans-specific information or more inclusive curricula.

Keywords: LGBTQ, School Health, Sexual Health

Special Populations: Children & Adolescents, LGBTQ+, Young Adults

Full Abstract Detail: Background: Transgender youth (TG) are more likely to experience adverse health outcomes including violence victimization, substance use, suicide, and HIV/STD than are cisgender youth. School-based sexual health education (SBSHE) can foster essential knowledge and skills to promote health; yet research suggests that a one-size-fits-all approach may be insufficient for TG youth. This study explored TG youth's experiences with SBSHE, how it impacted their health and resilience, and the specific elements TG youth wished their SBSHE had included. Methods: We conducted 33 in-depth interviews with youth in southeastern USA from 2016-2018. Youth with a gender different from sex assigned at birth were eligible. Transcripts were transcribed verbatim using qualitative analysis software. Using an inductive coding schema, we abstracted data and conducted thematic analysis to determine salient patterns and themes. Results: Participants identified as black or African American (52%); white or Caucasian (39%); multiracial (9%); as well as Latinx/Hispanic (6%). Participants identified as female or transwomen (42.4%), male or transmen (33.3%), and outside the gender binary (24.2%); nearly equal

proportions were assigned female (48%) or male (52%) at birth. Median age was 21.7 (range 16-25). TG youth identified multiple needed improvements in SBSHE content and delivery, with a majority seeking sexual health information from alternative sources, particularly online. Within SBSHE, TG youth were clearly receiving STD messages and reported a difference in their behavior, although improvements in tone and accompanying safe sex information and skills were desired. TG youth wanted, but largely did not experience, interactive pedagogy and teachers who were trained in and comfortable with sexual health. TG youth also expressed a clear desire for trans-specific information, provided in the school classroom, to increase their own knowledge and well-being, educate peers, and decrease stigma.

Conclusions: Much improvement is needed in SBSHE to meet the varied needs of transgender youth. However, the TG youth interviewed expressed a desire for the same qualities that make SBSHE effective for all youth: accurate information that is not value-laden, provided by competent and comfortable teachers who use high quality pedagogy to build knowledge and practice appropriate skills. Thus, as a starting place to address the needs of TG youth, schools should continue to invest in evidence-informed sexual health education. Media literacy skills are particularly important since youth reported obtaining a majority of their sexual health information online. In addition, TG youth also expressed a strong desire for acknowledgement of their existence and sexual health needs. School districts should consider or continue providing trans-specific content (at a minimum, providing terminology and definitions) or more inclusive curricula to enhance knowledge, decrease stigma, and increase well-being.

Session Type: Oral - Program Development

Session Title: CDC's Division of Adolescent and School Health's emerging and ongoing research, evaluation, and surveillance priorities to inform program implementation

Session Number: E4

Submitting Authors: Dr. Catherine N. Rasberry

Co-Authors: Carmen Ashley, Lisa Barrios, Nancy Brener, Leah Robin, PhD

Authors Bio: Catherine Rasberry, PhD, MCHES, is a Health Scientist in the Division of Adolescent and School Health at the Centers for Disease Control and Prevention. In this position, she conducts adolescent and school health evaluation and research synthesis activities, and she oversees evaluations of programs and policies to address HIV, STD, and pregnancy prevention outcomes among adolescents. She has authored multiple peer-reviewed research papers and has presented research and evaluation data at professional conferences across the country. Dr. Rasberry earned a doctorate in health education from Texas A&M University, a master's in health promotion from Purdue University, and a bachelor's degree in health promotion from Arkansas State University. She is also a Master Certified Health Education Specialist.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: 1. By the end of the session, the participant will be able to describe at least three emerging or current research priorities for CDC's Division of Adolescent and School Health.

2. By the end of the session, the participant will be able to identify at least two tools, publications, or other resources available from CDC's Division of Adolescent and School Health that can support research and practice for public health education professionals.

Keywords: Child/Adolescent Health, School Health, Sexual Health

Special Populations: Children & Adolescents, LGBTQ+

Full Abstract Detail: The Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) works to promote environments where youth can gain fundamental health knowledge and skills, establish healthy behaviors for a lifetime, connect to health services, and avoid becoming pregnant or infected with HIV or STDs. To carry out this work, CDC/DASH conducts a variety of research, evaluation, and surveillance activities to support and inform HIV, STD, and pregnancy prevention efforts, as well as the prevention of related health risk behaviors and experiences (e.g., substance use, violence victimization, suicidality) that co-occur with sexual risk behaviors.

In this session, CDC/DASH researchers will provide an overview of their emerging and existing research priorities at the federal level, explain how research, evaluation, and surveillance are informing programmatic efforts in local education agencies, and familiarize participants with the ways they can build on CDC/DASH research findings and data systems for their work. Presenters will describe a number of current and upcoming research projects that span a range of adolescent health issues, including school-based sexual health education, enhancing sexual health services for adolescents,

creating safe and supportive school environments for youth, and sexual and gender minority youth health. Presenters will also offer updates on CDC/DASH's surveillance systems (i.e., the Youth Risk Behavior Surveillance System and School Health Profiles) and teach participants how they can access this publicly-available data for their own use. Throughout the session, presenters will describe ways this research, evaluation, and surveillance is informing continuous quality improvement in CDC/DASH's funded program implementation efforts, and will highlight CDC/DASH tools, publications, and other resources that participants may find useful for informing or conducting their own work.

This snapshot of the CDC/DASH research, evaluation, surveillance, and program portfolio is designed to give participants a feel for emerging and current priorities in the area of adolescent sexual health and related school-based intervention strategies, and help raise awareness of federal resources available to help enhance the work of public health education professionals.

Session Type: Ignite: 60 min

Session Title: Lessons Learned from Facilitating a Youth Community Advisory Board at a Southern Inner-City Youth Clinic

Session Number: E5

Submitting Authors: Stephen Tellone

Co-Authors: Chelsea Coombes, Maria Elizabeth Enriquez-Bruce, M.D., Andrew Catalan Lim, Lisa Sanders, M.D.

Authors Bio: I am a research assistant, and the Youth Community Advisory Board (YCAB) Coordinator. Both roles take place at the Ybor Youth Clinic where I work with youth every day, including targeted outreach to develop a strong YCAB, and recruit research volunteers. Both roles entail establishing frameworks and partnerships with community organizations to better serve our youth members. Therefore, I developed and obtained feedback from youth regarding methods for better serving YCAB members and how to empower youth in our community for advocacy and development.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: - By the end of the poster session, the participant will be able to describe challenges in implementing community advisory board programs with youth and adolescents.

- The participant will be able to identify ways to utilize feedback obtained through community advisory board programs with youth and adolescents.

Keywords: Child/Adolescent Health, Community Health, Empowerment

Special Populations: Children & Adolescents, Disadvantaged Populations, Young Adults

Full Abstract Detail: Introduction:

The Youth Community Advisory Board (YCAB) is a research funded initiative created in 2015 to engage youth in providing feedback for informed research. In 2017, the YCAB was introduced to the Ybor Youth Clinic (YYC), a non-profit clinic under the USF Foundation founded in 2012 to address unmet health needs of underserved youth aged 13 to 24 in a friendly, nonjudgmental environment. YYC's location in Tampa's historic Ybor City, a popular youth neighborhood and entertainment district, enables us to provide a safe, comfortable and convenient clinic for high-risk youth. The YCAB has broadened its mission to provide youth a voice in development and informed research.

Methods:

To engage youth in YCAB, we utilized aspects of the Engagement Theory of Learning (ETL), a model for learning in technology-based environments, and Self-Determination Theory (SDT), a macro-level theory describing individuals' interactions with the social environment to shape their decision-making processes. Theoretical constructs, including ETL's relate construct and SDT's competence construct, shape a framework that informs the overall services of YCAB and YYC for motivating youth engagement

through authentic projects and services. The success of these activities was measured by YCAB facilitator's reflection and member feedback.

Results:

YCAB met bimonthly from 2015-2019. Attendance ranged from 6-17 youth (mean age 20). Meeting attendance was advanced by free meals, transportation stipends, and prizes. Meeting topics included HIV/STI prevention, feedback on research and social media campaigns, and other pertinent public health issues. Involvement in local events like Tampa Pride has increased investment in YCAB. Current involvement in YCAB is facilitated by community-building efforts between youth and the increased number of partnerships with YYC.

Challenges include:

- Scheduling meetings convenient for youth
- Limited incentives and administrative budget
- Maintaining consistent attendance
- Desire for opportunities for mentorships and partnerships with other organizations

Conclusion:

Based on these experiences, future programs targeted by YCAB include:

- Expanding the diversity of YCAB membership through outreach to include more sexual and gender minority youth
- Empowering youth to become more active in developing the YCAB agenda
- Engage YCAB members in creating social media messages to promote youth participation
- Increasing focus on advocacy for youth-centered issues at the local level
- Increasing advocacy-related capacity-building

Youth engagement and feedback is essential in developing programs targeting youth. YCAB will continue to work on innovative methods to engage and retain youth. We are planning to focus on developing partnerships to increase opportunities like mentorships for YCAB members. This will allow for the development and implementation of the advocacy and community development from the youth.

Session Type: Ignite: 60 min

Session Title: Introducing public health students to Missouri's public health transformation initiative

Session Number: E5

Submitting Authors: Carol Cox

Co-Authors: Kristen Welker

Authors Bio: Carol Cox is a Professor in Health Science at Truman State University in Kirksville, MO and serves on the #HealthierMO Communications Committee.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Examine the development, implementation, and preliminary evaluation of an e-learning module to introduce undergraduate and graduate public health students in Missouri to the state's public health 3.0 transformation initiative as evaluated by certificate of completion.

Keywords: Professional Preparation

Special Populations: Young Adults

Full Abstract Detail: The #HealthierMO grassroots initiative seeks to transform Missouri's current public health system into a more sustainable, efficient, and responsive system. In its first two years, public health professional organizations and other stakeholders came together to identify focus areas and priorities, develop action plans, and tailor the foundational public health services model to meet state needs. To help tell the story of the transformational initiative to young adults entering public health professional preparation programs, an e-learning module was created. A free resource, the module included content covering Missouri's public health purpose and challenges, innovative strategies for system-wide change, timeline, and accomplishments to-date of the #HealthierMO initiative. As an initial trial towards the end of spring semester, a link to the module was sent to faculty members at selected universities to share with their students. One hundred twenty students (88% undergraduate, 12% graduate) completed the module, both pre-and post-tests, and received their certificates of completion. A majority of students (86%) indicated having no familiarity with the #HealthierMO initiative prior to completing the module. Students also responded more favorably to the question which asked "System-wide change is needed for public health in Missouri" at post-module ($M = .991$, $SD = .092$) than pre-module ($M = .900$, $SD = .300$; $t(157) = -3.29$, $p = .001$). There were four questions asked about the Missouri health system, and students scored better on each on the post-test assessment. First, participants were asked "please select the service below that is considered an essential health service." The number of students answering correctly improved between pre-module (62%) and post-module (84%). Participants also were asked "which of the following is considered a Division of Community and Public Health within the state of Missouri?" The number of students answering correctly improved between pre-module (41%) and post-module (53%). The greatest improvement occurred as participants were asked to identify Missouri's current ranking in America's Health Rankings. At pre-test, only 26% of students answered correctly, compared to 92% at post-test. Lastly, participants were asked to identify characteristics of the Public Health 3.0 Model. At pre-test, 60% of students

answered correctly, compared to 69% at post-test. Overall, this module was useful in improving student knowledge of significant factors within the Missouri public health system and increasing awareness of the #HealthierMO grassroots public health initiative in the state. Additional work is needed to develop student involvement and greater interest in students as a stakeholder of the program.

Session Type: Ignite: 60 min

Session Title: Clarity through segmentation: Understanding the motivations and behaviors of pregnant/breastfeeding women who use cannabis

Session Number: E5

Submitting Authors: Dr. Shiloh Beckerley

Co-Authors: Priscilla Fernandez, Katie McCabe

Authors Bio: Shiloh Beckerley, PhD, is a Senior Research Scientist with Rescue Agency. Her research focuses on identifying health-related risk and resilience factors with the goal of promoting positive health behaviors. At Rescue, she has served as Principal Investigator for formative and evaluative audience research exploring cannabis use and other substance use behaviors with high risk populations. Prior to joining Rescue, she managed large-scale health substance use surveillance projects for the military, which included conducting data collection with thousands of Sailors and Marines in diverse settings. Her subsequent findings were incorporated into Surgeon General's reports, contributed directly to policy changes, and increased gender equality in military settings.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Differentiate psychographic segments of pregnant and breastfeeding women who use cannabis based on their risk, perceptions, values, and motivations for cannabis use.

Explain how health education messaging can be tailored to the varied personal values and cannabis use motivations of different segments of pregnant and breastfeeding women who use cannabis.

Keywords: Behavior Change/Theories, Maternal & Child Health, Social Marketing/Health

Special Populations: Maternal & Infant Health, Women

Full Abstract Detail: Background: In the past decade, rates of cannabis use among pregnant females have nearly doubled. With the recreational legalization of cannabis in select states, rates of use during pregnancy and breastfeeding may continue to rise. The current research explores cannabis use behaviors and personal values of pregnant and/or breastfeeding (PBF) women in a western U.S. state in order to better understand their diverse lifestyles, values, behaviors, and motivations for use. By understanding the diverse values of PBF women, and the various factors motivating their cannabis use, education campaigns can be more effectively tailored to reach those at greatest risk. Methods: PBF women participated in 9 focus groups (6 English, 3 Spanish; n=86), 10 in-depth interviews (6 English, 4 Spanish), and a statewide online survey (n=1,636). Focus group and interview participants were recruited through a professional market research panel. Discussion topics included personal values, cannabis use behaviors prior to pregnancy/breastfeeding, current use behaviors, perceived safety of use, and motivations for using/abstaining during pregnancy/breastfeeding. Online survey participants were recruited via social media, and reported cannabis use behaviors, motivations, perceptions of risk, and personal values. Results: Focus groups, interviews, and the online survey showed that cannabis was not perceived as a high-risk substance among PBF users. In the focus groups and interviews, no

participants reported using cannabis exclusively to alleviate pregnancy symptoms, and only three online survey participants (<1%) reported doing so. Instead, participants who used for pregnancy symptoms commonly reported additional reasons for use. While the most commonly endorsed reason for cannabis use was “to relax or calm nerves” (57%), PBF women who used cannabis reported diverse motivations for use and varied behaviors. Women reported using cannabis to treat medical symptoms like chronic back pain and migraines, while others used out of habit, or to have a good time. Similarly, there was substantial variation in frequency of cannabis use. Personal values, motivations for cannabis use, and frequency of cannabis use clustered together, revealing four priority segments of women at-risk for cannabis use during pregnancy/breastfeeding (Habitual Users, Naturalists, Sensation Seekers, Reserved Medicators). Each segment of cannabis users reported unique motivations for use and distinct personal values that can be leveraged for tailored health education messaging. Conclusion: PBF women who use cannabis vary substantially in their lifestyles, values, and cannabis-related behaviors. As such, education interventions for these groups should not only be distinct from other adult users, but should also be tailored to the unique characteristics of different types of PBF users.

Session Type: Ignite: 60 min

Session Title: How an Alzheimer's Curriculum can be used to Raise Awareness about Health Inequities and Combat Stigma

Session Number: E5

Submitting Authors: Tara Redd, MEd, MCHES

Co-Authors: Linelle Blais, Molly E French, MS, Taylor Kennedy

Authors Bio: For the last three years, I have been directly involved with the development, pilot-testing and dissemination of this Alzheimer's curriculum nationwide. In partnership with the Alzheimer's Association, I have continued to refine and expand the ways this curriculum could be used in both academic and professional settings. I have presented on the curriculum at national conferences and with various professional organizations. In addition to my current work, I have also developed and delivered training related to caring for those with Alzheimer's and other dementias for both professional and family caregivers.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Describe how the curriculum can be used in both academic and professional settings.

Identify at least one health equity issue related to Alzheimer's disease.

Describe how the curriculum supports national initiatives related to Alzheimer's and health disparities.

Keywords: Aging, Career Development/Professional, Workforce

Special Populations: New Professionals, Older Adults

Full Abstract Detail: As the aging population continues to grow, the public health sector will need to ensure a sizable and competent workforce is ready to meet the ever growing challenges of chronic diseases faced by older adults, including Alzheimer's disease. According to the Alzheimer's Association, Alzheimer's is the 6th leading cause of death in the U.S. with nearly 14 million diagnosed with Alzheimer's in 2019 and projected costs of \$1.1 trillion by 2050. Not only does Alzheimer's strain the healthcare system and economy, it also places high levels of burden on unpaid caregivers, often family, who provide roughly \$234 billion in unpaid care hours annually.

While Alzheimer's affects an ever-increasing portion of the population, African Americans and Hispanics have higher prevalence of Alzheimer's than whites. They are also more likely than whites to receive a later diagnosis, leading to progressed cognitive and physical impairments that require more costly care. These health disparities are projected to continue to widen in the coming decades.

Stigma and public perception of Alzheimer's and other dementias are two significant barriers to quality resources and a prepared workforce. Stigma surrounding Alzheimer's is being addressed by multiple national initiatives. A goal of the Department of Health and Human Services' National Plan to Address Alzheimer's is to destigmatize Alzheimer's, as it directly impacts the resources and quality of care provided to those with the disease and their caregivers. The Healthy Brain Initiative's "State and Local

Public Health Partnerships to Address Dementia: The 2018-2023 Road Map” created by the CDC and Alzheimer’s Association outlines the goal of education and empowerment to aid in the reduction of stigma and combating myths surrounding the disease.

In support of these initiatives the Alzheimer’s Association, CDC, and Emory University developed “A Public Health Approach to Alzheimer’s and Other Dementias” curriculum. Originally created for undergraduate public health students, the curriculum has broad applicability to related disciplines (e.g. social work, physical therapy, and nursing) as well as practicing public health professionals to utilize as an introductory educational resource. The second iteration of this free curriculum is comprised of four independent modules that discuss the public health crisis, basics of Alzheimer’s disease, role of public health, and creation of dementia friendly communities. The purpose of the curriculum is to educate both the future and current public health workforce, so they may be advocates in actively destigmatizing Alzheimer’s; have awareness of related health disparities; and seek to improve health outcomes. Participants will learn about the curriculum and teaching methodologies, gain appreciation for the social context in which Alzheimer’s is experienced, and discuss the applications for public health professionals addressing issues of health disparities in Alzheimer’s.

Session Type: Ignite: 60 min

Session Title: Dementia Prepared Communities: From Feel Good to Real Change

Session Number: E5

Submitting Authors: Molly E French, MS

Co-Authors: Heidi Holt, MPA, John Shean, MPH, Ms. Cherylee Sherry

Authors Bio: Molly French is director of public health for the Alzheimer's Association and engages national and state partners to advance the Healthy Brain Initiative. Her team builds public health capacity in surveillance, early detection, workforce development, and health promotion. Previously, Molly had an active consulting practice that partnered with national nonprofits to change health systems and policies. As the policy research director for Partnership for Prevention, Molly spearheaded numerous initiatives that educated business and government leaders about prevention and health promotion. Her state policy experience includes service with the California Healthcare Association, California Telehealth & Telemedicine Center, and California Primary Care Association. Molly earned her MS in community and regional planning at The University of Texas at Austin and her BA from Drake University.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: 1. Name 3 population-level challenges related to Alzheimer's and other dementias that public health education professionals can address using their unique skills (based on the Healthy Brain Initiative Road Map).

2. Assess data on cognitive health and caregiving to set priorities and identify prospective partners in multiple sectors to support implementation of Road Map actions and advance health equity.

Keywords: Aging, Partnerships/Coalitions, Policy, Systems & Environmental Change

Special Populations: Disadvantaged Populations, Older Adults, Women

Full Abstract Detail: (90-minute skill-building workshop)

Increasingly, elected officials are pledging to make their communities "dementia-friendly." To realize this vision, cross-sector coalitions should consider setting priorities, coordinating efforts, and evaluating progress. Public health education professionals are uniquely qualified to ensure coalitions actually prepare communities for the nearly 6 million individuals living with Alzheimer's today (reaching 14 million by 2050).

Currently, about 70% of people with Alzheimer's and other dementias live in community settings, of whom about 1 in 4 live alone. Most want to remain engaged and independent as long as possible. Supports that may help people with dementia stay active and engaged range from public transportation, interaction with service providers and friends that use effective communications techniques, as well as opportunities to be involved in community life.

As cognitive and physical impairment progresses, high-quality healthcare and home- and community-based services become more important. People in the final stages of dementia tend to become bed-bound and need 24/7 care. Because 1 in 3 Alzheimer's caregivers report their health has become worse due to care responsibilities, increased attention is needed to protect their health as well.

Disparities in the risk of developing Alzheimer's and other dementias are most prominent among African Americans, Hispanics, and women. Research also indicates African Americans and Hispanics experience differences in dementia diagnoses and care. The responsibilities of caring for someone with dementia often fall to women.

An overview of Alzheimer's as a public health issue will provide a life-course perspective from the Healthy Brain Initiative's "State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map" and "Road Map for Indian Country." Just as with other chronic and degenerative conditions, public health can reduce risk for cognitive decline and dementia, promote early detection and diagnosis, improve safety and quality of care for people living with dementia, and attend to caregivers' health and well-being.

The Minnesota Department of Health (MDH) has pioneered many of these approaches. Data collection and analysis has guided the public health response. Efforts include contributing to the state Alzheimer's plan, preparing fact sheets for counties with a growing share of older adults, training community health workers, and integrating brain health and dementia in a local health promotion grant program.

Participants in small groups will receive MDH county fact sheets to analyze in a guided, skill-building activity. Based on their findings, groups will select 2-3 Road Map actions to implement, and identify partners. Small groups will report some of their findings and plans. Presenters will facilitate a large-group reflection on how public health education can prepare communities for the growing burden of dementia.

Session Type: Ignite: 60 min

Session Title: Interdisciplinary team approach to facilitate access to healthcare for uninsured/ low income residents in partnership with a local food bank in El Paso, Tx.

Session Number: E5

Submitting Authors: Juan Aguilera

Co-Authors: Karen Del Rio, Joao Ferreira-Pinto, Paola Guillen, Eric Martinez

Authors Bio: Juan is currently a doctoral student in the Interdisciplinary Health Sciences program at the University of Texas at El Paso (UTEP). He serves as the coordinator for the “Evidence-based Screenings for Obesity, Cardiorespiratory Disease, and Environmental Exposures in Low-income El Paso Households” research project where he applies his background in medicine and public health. He was awarded the Paso del Norte Health Foundation Fellowship and works with The Paso del Norte Institute for Healthy Living (IHL), his dissertation will focus on the effects of air pollution and asthma using carbon stable isotope ratios.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Objective 1: By the end of the session, participants should summarize the benefits of an interdisciplinary team for prevention and control of chronic diseases among low-income/uninsured residents and how collaborating with local organizations can offer benefits for all parts (1.3.1 & 2.1.4)

Objective 2: By the end of the session, participants should articulate the prevalence rates of metabolic syndrome among low-income/uninsured community residents to state and national rates. (4.3.4 & 6.1)

Keywords: Access to Health Care, Chronic Disease Prevention, Communication & Treatment, Community-Based Participatory Research

Special Populations: Disadvantaged Populations, Minority Populations

Full Abstract Detail: The purpose of this session is to discuss the benefits of interdisciplinary teams, ways to integrate local partners, and efforts to detect and mitigate common chronic diseases in priority populations. Low-income populations and those without access to health care, have a higher risk for chronic diseases such as type 2 diabetes, hypertension, and dyslipidemia. Common indicators for these diseases include a large waist circumference, high blood pressure, high triglycerides, low HDL-cholesterol, and elevated fasting blood glucose. The coexistence of three or more indicators is known as metabolic syndrome (MetS) which is prevalent in nearly 35% of U.S. adults. Located in the U.S. - Mexico border, the city of El Paso has lower rates of health insurance enrollment compared to state and national rates. There is also a lack of data collected in the community for chronic disease indicators. Our innovative approach led to an interdisciplinary team composed of health promotion, interdisciplinary health, kinesiology, computer science, and leadership students to increase prevention efforts for MetS in our community. Each member provides unique skills which improved the quality of data collection, team interaction, data management, and buildup of partnerships. Our goal is to serve as a first

healthcare contact for low-income/uninsured populations through screenings for metabolic indicators and referrals for participants with abnormal results.

To reach our priority population, we partnered with a local food bank to attend food distribution events. Common venues we attended included local parks, churches, schools, and community clinics. From 2018-19, our team gathered socio-demographic data, measured indicators for MetS based on NCEP ATP III guidelines, and interpreted results for 698 low-income/uninsured participants. As part of our data analysis, we will present results using prevalence rates for risk factors and logistic regression for significant associations with demographic information.

A large waist circumference (62%), high triglycerides (69%), and low HDL-cholesterol (52%) were the most prevalent factors in our sampled population. The overall MetS prevalence was 64%. Regression analysis showed that MetS is significantly associated with an education lower than high school (OR:2.11, df=6, p=0.04) a fair or poor perceived health (OR: 2.27, df=6, p=0.04) and not having a medical checkup in the last year (OR:2.27, df=6, p=0.03).

Our results showed 50-80% higher rates for several MetS indicators compared to state and national rates. Those lacking access to healthcare, lower education, and a lower perception of their health are at least twice as likely to have MetS. To improve the health of our community and prevent the development of chronic outcomes, we should develop interventions for those with a lower perception of their health and improve medical visits among our selected population.

Session Type: Oral - Global Health

Session Title: ADOLESCENT STUDENTS' KNOWLEDGE OF & ATTITUDE TOWARDS PEOPLE LIVING WITH HIV/AIDS: THE IMPACT OF A PEER PUBLIC HEALTH EDUCATION PROGRAMME IN ABIA STATE, NIGERIA.

Session Number: E6

Submitting Authors: Ursula Chigozie Nnabueze

Co-Authors: Dr. Liesl A Nydegger, Ijeoma Onuoha Ogwe

Authors Bio: Ursula. Chigozie.Nnabueze(Ph.D)

A Professor of Public Health Education.

Department of Health and Physical Education,

Enugu University of Science and Technology (ESUT), Nigeria.

She was the immediate past Head of Department (HOD).

A visiting Senior Lecturer with Department of Health, Physical Education and Recreation,

University of Cape Coast Ghana (2009-2011).

She has published widely both nationally and internationally.

She is involved in professional activities nationally through Nigerian Association of Health Educators, (NAHE) and Health Education and Promotion Research Association of Nigeria (HEPRAN).

She was a UNICEF National Consultant (WASH SECTION), the lead researcher for Wins4Girls in Schools On Menstrual Hygiene Management project in Nigeria (Feb – Sept, 2015).

Currently on sabbatical with the Department of Public Health

Madonna University Nigeria.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: Positive impact of peer public health education programme on adolescent students' knowledge of HIV/AIDS and attitude towards HIV/AIDS patients.

Negative effect of lack of peer public health education on students' knowledge of HIV/AIDS and attitude towards HIV/AIDS patients.

Keywords: Advocacy, Child/Adolescent Health, HIV/AIDS

Special Populations: Men, Women, Young Adults

Full Abstract Detail: Peer education is a voluntary programme in which young people are trained as volunteers to provide information, education, services and other help to other young people of a similar age as themselves or their peers with the intention to influence a positive attitude and behavior towards

a socio-health (in this case HIV/AIDS, People Living With HIV/AIDS PLWHAs). The impact of peer public health education programme on adolescent students' knowledge of HIV/AIDS and attitude towards PLWHAs was the main purpose of this study in Abia State, Nigeria. Quasi-experimental design was adopted (pre-test and post-design control group design where intact classes were used). The experimental group received peer education training in addition to the normal HIV/AIDS class lessons while the control group received only the normal HIV/AIDS class lessons. One Hundred and Fifty Six (156) Junior Secondary School Students three (JSS3) students made up of 74 males and 82 females with 77 students in the experimental group and 79 students in the control group. Data collection was done using the HIV/AIDS Knowledge Test (HAKT) and HIV/AIDS Attitude Scale (HAAS) developed by the researchers and validated by three research experts. HAKT yielded a reliability coefficient of 0.72 using Kuder Rictardson's formular 20 (KR-20) while HAAS yielded a reliability coefficient of 0.81 using the Cronbach's Alpha method. These instruments were administered to all the subjects at the initial time to collect the pretest scores. After six weeks treatment, items of the instruments were re-arranged and re-administered to all the subjects to collect the post-test scores. Mean and standard deviation were used to answer the research questions while analysis of covariance (ANCOVA) was used to test the hypotheses at 0.05 significance level. Major findings of the study revealed that the students who were given the peer education training attained higher knowledge of HIV/AIDS and also showed greater positive attitude towards PLWHAs.

Key words: Peer Public Health Education, HIV/AIDS, People Living with HIV/AIDS, Adolescents, Knowledge, Attitude.

Session Type: Oral - Global Health

Session Title: Health education programs for disadvantaged women in Bangladesh

Session Number: E6

Submitting Authors: Dr. Kamrun Mustafa

Co-Authors: Mr. Mainul Haq Mustafa

Authors Bio: I had my PhD in health education from SIU Carbondale. Right after my doctorate I joined the Xavier University of Louisiana in New Orleans, LA. After 2 years I left Xavier for University of Southern Mississippi at Hattiesburg, MS. After a year due to budget cut in the program that position was abolished and I went to Bangladesh and worked as a visiting faculty in two universities. During this period, I was also engaged in research activities in my focus area of health education and public health. Besides my academic background in health education and public health I am also a certified substance abuse counselor in the states of Illinois and Missouri. My current research focus also includes substance abuse in Bangladesh, where drug is spreading like a forest fire.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: By the end of the session participant will be able to critique Bangladesh government's health education program for disadvantaged women

By the end of the session participant will be able to articulate an alternative to Bangladesh government's health education program for disadvantaged women

Keywords: Access to Health Care, Health Literacy, Health Policy

Special Populations: Disadvantaged Populations, Minority Populations, Women

Full Abstract Detail: Bangladesh has improved a lot in the health sector especially reducing infant mortality, life expectancy and successful vaccination programs against killer diseases. However, a major section of the population, especially low income, ethnic minority women, are not getting the benefits of the heavily aid-dependent healthcare program. One such section is the Khasia ethnic women working in the tea plantation in the north-eastern corner of Bangladesh.

These women work extended hours for miserably low wages with no union rights to bargain and living in subhuman environment. Most of them live in shanties with no running water or sewerage system. These huts cannot even provide protection against the downpour of the monsoon season or the storms. Their miseries only multiply as vast majority of their husbands, who enjoy the status of house lords snatch away their money and spend on locally brewed alcohol and other drugs. Prevalence of TB, asthma, bronchitis, malnutrition, diarrhea, infant mortality is much higher than any other segment of the nation.

Understandably, the rate of literacy is very low among this population and their children in particular. The government of Bangladesh occasionally launches new programs but these programs but more often than never these ill-fated women can derive any benefits out of these programs. Sometimes, non-profit

agencies undertake some programs. These programs are neither adequate nor are they followed up by the local government or other authorities.

Health literacy is definitely a precondition for health awareness, which in turn results in better access to healthcare in the individual level and better awareness at the national level as well. This paper defines health literacy as an important policy issue, which requires a complete overhaul on a priority basis.

This paper analyzes the validity of the concept of health literacy, measured exclusively in terms of cognitive skills only aimed at producing big numbers in program implementation and getting kudos from the government authorities and their international sponsors. The level of motivation of the participants and the ability of these women to gain continued access to healthcare are seldom monitored. This paper also investigates the practicality of the concept of health literacy programs and the process in which reproductive health classes are offered. The paper reports on the results of focus groups and interviews conducted with the women living in those shanties and with some of the health care providers and plantation administrators to obtain different perspectives on the issues concerning health education and awareness among the disenfranchised women.

Session Type: Oral - Collaborations and Access to Food

Session Title: Communities, Collaborations and Commitment: A Physical Activity and Nutrition After School Program for Children

Session Number: F1

Submitting Authors: Dr. Shewanee D Howard-Baptiste

Co-Authors: Ms. E'tienne F. Easley, M.S.A., Dr. Kara Hamilton, Melissa Powell, MEd, RDN

Authors Bio: Dr. Shewanee Howard-Baptiste is an Associate Professor at The University of Tennessee at Chattanooga in the Department of Health and Human Performance. She teaches Multicultural Health, Health Behavior Change Theory, and Community and Environmental Health at the undergraduate and graduate level (MPH). She served as the Physical and Activity Health Coordinator for three years for a national grant in the School of Nursing, which addressed multiple chronic conditions across the lifespan. She has received internal and external grants that support community collaborations to increase physical activity and improve nutritional behaviors amongst elementary and middle school age children and publishes in that area. She has established dozens of community collaborations, bridging the university campus and Chattanooga area.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the end of the session participants will be able to identify five ways to develop and maintain community and school partnerships.

By the end of the session participants will be able to indicate the facilitators and barriers to engaging in community-based participatory research.

Keywords: Community-Based Participatory Research, Nutrition and Obesity Reduction, Physical Activity/Exercise

Special Populations: Children & Adolescents, Disadvantaged Populations, Minority Populations

Full Abstract Detail: The impact of obesity, chronic conditions and associated co-morbidities impacts children, adults, families, and communities. Addressing obesity requires a multifaceted approach that includes multiple voices as part of the solution. Actively engaging with community members that are affected by obesity must be part of the solution. Parents, schools, community members and affiliated partners can provide key insights in determining the determinants that may be unique to individual communities. Assessing the needs of the community requires input from the individuals who live, work and play in those communities. They can provide vision, discernment and judgement regarding what physical activity and nutrition interventions would be successful and why others may not work. Community members having the opportunity to strategically activate their voices in conjunction with researchers can produce changes in beliefs and behaviors regarding the health of the community. Schools are one avenue by which researchers, the school community, elementary school students, and parents can work collaboratively to develop interventions that results in changes in health behaviors. Community Based Participatory Research approach is one method whereby researchers and community partners can intentionally work together to cultivate culturally appropriate interventions to address

physical activity and nutrition education in schools. The purpose of this project was to create a health-related after-school program for elementary school children who reside in an underserved community using a Community Based Participatory Research approach. A mixed method strategy included a survey given to 35 families at a school-based event and mini-focus groups (n=20) with parents, teachers, and administrators to develop a moderate-to-vigorous physical activity (MVPA) and nutritional behavioral predictive model. A forward stepwise regression was run on the surveys to identify significant determinants. The overall regression models were significant ($p < 0.05$), where parental support of PA ($B = .567$) and PA beliefs ($B = .579$) were significant determinants of MVPA, $p < 0.05$, and water intake ($B = .575$), whole grain intake ($B = .437$), and fruit and vegetable consumption ($B = .405$) were the top three significant determinants of nutritional intake, $p < 0.001$. Mini-focus groups yielded further insight and strengthened the statistical model results. The project far exceeded an after-school program collaboration. A sustainable partnership was developed where researchers continue to support the mission, vision, and activities of the elementary school beyond the after-school program.

Session Type: Oral - Collaborations and Access to Food

Session Title: ROLE OF HEALTH EDUCATION IN CHANGING MINDSET AMONG FOOD PANTRY STAFF FROM SIMPLY FEEDING PEOPLE TO BEING A RESOURCE OF HEALTHY FOOD OPTIONS: COMBATING CHRONIC DISEASES IN THE LOW INCOME POPULATION

Session Number: F1

Submitting Authors: Akinwale S. Akingbule

Co-Authors: Dominique Cobbs, Kayla Nicole Swaar

Authors Bio: Akinwale Akingbule was born in Nigeria, West Africa where he trained as a Medical Doctor. In 2010, he obtained his Degree in Medicine (M.B.Ch.B) from Obafemi Awolowo University, Nigeria. After 4 years of working as a physician in a primary care setting, he proceeded for his Masters in Health Science with focus on community health at Western Illinois University U.S.A. Akinwale was a Research Assistant with Illinois Institute for Rural Affairs where he assisted with the community Needs Assessment conducted in Pike County Illinois. He joined University of Illinois Extension March 20, 2017 and till date works as Extension Educator, Family consumer Science. He is Ches certified. He works with schools, food pantries and community groups on nutrition and wellness policy. He is passionate about healthy living and prevention of diseases through eating of fresh produce and use of healthy recipes.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: 1. Apply skills learned to professionally develop food pantry staff and volunteers as champions of food access in the community

2. Evaluate the impact of engaging food pantry managers and volunteers in health education towards building a healthy community

Keywords: Community Health

Special Populations: Disadvantaged Populations

Full Abstract Detail: According to the United States Department of Agriculture (USDA), food insecurity is the lack of access to enough food for an active, healthy life for all household members. In 2017, one in eight Americans were estimated to be food insecure. This is an estimate of 40 million Americans, including 12 million children. This has led to increased dependence on food pantries. Feeding America; an organization that supplies food to many emergency food programs, found a 19% increase in the number of the food pantries they serve between 2002 and 2017. There has also been an increase in the number of food pantries serving different communities. The food pantry is key in positively influencing the health of the community. The feeding America data shows that 33% of households that use the food pantry have a member with diabetes, 66% choose between buying food and paying for medical needs and 57% have a member with high blood pressure. Food pantries also serve clients that may have one or more chronic diseases. This makes health interventions in food pantries key in building healthy communities.

Health education in food pantries can be useful in impacting the health of the community. The main focus of food pantries is to provide food to guests but they may not always put an emphasis on feeding

them healthy options. This prompted the development of lessons targeted at educating food pantry administrators, managers and volunteers. The sole aim of providing staff nutrition lessons is to encourage food pantries serving the community to become a place of prevention of chronic diseases via stocking of healthy foods. Focus is geared towards educating them on the importance of fresh fruits and vegetables, low sodium, low added sugar food and much more. The training is ongoing and has helped in changing the perspectives of staff and volunteers from simply feeding people to healthy feeding and educating them on healthy options. It is also targeted at professionally developing them as champions of healthy living in the respective food pantries they serve. Providing guests with healthy choices and nudging them to take advantage of healthy options is key in improving the health of our communities.

Further information, including, how managers and volunteers are being recruited for lessons, the structure of the lessons, and the pre and post evaluation results by the recipients of the lessons in the food pantries where they were done shall be shared at the 2020 Sophe annual conference.

Key words: Community Health, Nutrition and Obesity Reduction, Environmental and Systems Change

Special population that applies to abstract: New Professionals, Mid-career Professionals, Seasoned Professionals

Session Type: Roundtable - Health Communications

Session Title: Agricultural Biotechnology: Increasing Public Awareness and Understanding

Session Number: F2

Submitting Authors: Mrs. Kimberly Moore Smith

Authors Bio: Kimberly Moore Smith, MSHA, a Public Health Educator at the U.S. Food and Drug Administration's Center for Food Safety and Applied Nutrition, manages the development, implementation, and evaluation of a consumer education initiative on agricultural biotechnology. Smith also led the development of the FDA's "Everyday Food Safety" initiative that is geared to educate young adults (ages 18 – 29) on food safety practices.

Prior to FDA, Smith led the American Public Health Association's National Public Health Week annual campaign and Plan4Health Initiative. Under Smith's leadership, several consumer education tools were developed including: videos, social media campaigns, and an awarding-winning website.

With nearly 20 years of experience in public health education on a variety of issues, Smith is passionate about creating a healthier Nation through public health education.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: By the end of the session, the participants will be able to: 1) discuss FDA's strategies for developing, testing, and disseminating educational materials for consumers on agricultural biotechnology, and 2) understand the challenges of creating plain language materials to reach diverse populations and convey complex scientific information regarding agricultural biotechnology.

Keywords: Consumer Health, Dissemination & Implementation, Technology

Special Populations: Men, Minority Populations, Women

Full Abstract Detail: For thousands of years, people have worked to improve crops, livestock, and the foods they eat. With emerging technology in the 20th century, scientists found a new way to integrate modern biotechnology to improve agricultural crops more precisely—called genetic engineering (GE). This food, often called out by the media as containing "genetically modified organisms" (GMOs), faces a bit of controversy. Although GE/GMO crops have been around for years, studies show that consumers have little understanding of GE/GMO crops. In fact, the consumers who report they are knowledgeable overestimate what they know and generally hold negative attitudes towards GE/GM crops. This remains the case even though studies show that safety of GE/GMO crops and non-GE/GMO crops are the same. The process for developing GE/GM crops involves scientific mechanisms, and data confirms that the complexity of the process links to consumers' lack of knowledge and misinformation about GE/GM crops.

To increase public awareness and understanding of agricultural biotechnology, the U.S. Food and Drug Administration (FDA) developed a portfolio of educational materials that address the nutritional, environmental, economic, humanitarian, and food safety impacts of GE/GM crops. The educational materials were designed to provide fundamental aspects of agricultural biotechnology, such as, the definitions of scientific terminology, the development process, the benefits for utilizing GE/GM crops, and regulation framework from the federal government.

FDA conducted extensive formative research to inform the development of the educational materials. This includes three rounds of focus group testing, a national literature review on Biotechnology in Food, target audience analysis, and key informant interviews. Although simplifying the educational content proved to be a challenging exercise, this step was imperative after testing key messages, concepts, and draft materials with consumers.

The Agricultural Biotechnology Consumer Educational Initiative will release materials in two phases, with consumers as the target audience. The educational materials include a comprehensive website, downloadable fact sheets, videos, infographics, and a social media toolkit.

In this session, FDA will discuss its strategic framework for developing and testing these materials as well as the challenges of translating complex science information into consumer-friendly language. An overview of the FDA's implementation and outreach strategies will also be presented. **Session Type:** Oral - Maximizing NP Management

Session Title: Key Strategies for Managing and Maximizing a Non-Profit Organization Serving Low Income Students

Session Type: Roundtable - Health Communications

Session Title: Evaluation of a Social Media Influencer Campaign to Increase Knowledge and Positive Attitudes Toward the Flu Vaccine

Session Number: F2

Submitting Authors: Sarah D Rosenberg, MPH

Co-Authors: Erika Bonnevie, Jaclyn Goldberg, Caitlin Kummeth, Dr. Joseph Smyser

Authors Bio: Dr. Joe Smyser, PGP's Chief Executive Officer, holds a PhD and masters in public health, and has worked at the intersection of public health and marketing throughout his career. He has designed core strategies for several of the United States' largest behavior change campaigns: the largest campaigns to date for the CDC and FDA. Additionally, Dr. Smyser has worked with the United Nations, USAID, multiple state and local health departments, Google, Facebook, Twitter, the Nuclear Threat Initiative, Direct Relief International, and the Peace Corps. He has been a founding member of several companies, one of which, L. International, employs social marketing strategies for sexual and reproductive health programming in Sub-Saharan Africa. Dr. Smyser is a leading proponent of integrated marketing strategies for behavior change, as well as the need for outside-the-box public-private partnerships.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: 1. Discuss opportunities for engaging trusted community voices to increase positive attitudes toward the flu vaccine.

2. Identify other health topics that could apply lessons learned and strategies employed by this campaign.

Keywords: Health Communications & Technology, Health Disparities, Immunization

Special Populations: Disadvantaged Populations, Minority Populations

Full Abstract Detail: Introduction: Seasonal influenza affects millions of people across the United States each year. African Americans and Hispanics have significantly lower vaccination rates, and large-scale campaigns have had difficulty increasing vaccination among these two at-risk groups. During the 2018-2019 flu season, Kaiser Permanente (KP) collaborated with The Public Good Projects (PGP) on a campaign to increase knowledge and positive attitudes toward the flu vaccine. The campaign engaged 117 social media influencers who are disproportionately followed by African Americans or Hispanics in 8 intervention regions across the United States. Influencers were asked to post positive flu vaccine promotion messages on their personal social media pages throughout the flu season.

Methods: Using two cross-sectional surveys delivered in intervention and control regions, this study evaluated the feasibility of using an influencer-led vaccination campaign to change attitudes and social norms around flu vaccination.

Results: The baseline survey was completed by 4,904 respondents and the follow-up was completed by 5,447 respondents. All respondents were African American and/or Hispanic. Results showed significant

increases in: those who believe it is never too late to get a flu vaccine ($p < .05$); those who disagreed that healthy people do not need to get the flu vaccine ($p < .05$), and those who believe the government closely monitors the safety of the flu vaccine ($p < .05$). Comparatively, the control regions showed no statistically significant increase in agreement in these measures. The intervention regions also showed significant decreases in negative community attitudes toward the flu vaccine. Approximately 30% of respondents agreed that their family and friends think the flu vaccine is not effective (the 'friends' measure decreasing significantly, $p < .05$); that their family and friends think the vaccine is not safe (both $p < .05$); and that their family and friends think they are not at risk of getting the flu (both $p < .05$). Across these questions, the control regions showed a higher percentage of negative community attitudes toward the flu vaccine.

Conclusion: To date, this constituted the largest influencer-driven health campaign focused on reaching African American and Hispanic communities in the United States. Results showed increased knowledge and positive perceptions of the flu vaccine, with the intervention area showing progress on specific metrics that did not show significant changes in the control area. To effectively reach groups that show lower flu vaccination rates, we believe that large-scale flu campaigns must take a ground-up rather than top-down approach. The approach of engaging social media influencers to deliver positive flu vaccine-related information is a promising strategy for communicating health information, particularly for topics that are often subject to debate, such as vaccination.

Session Type: Roundtable - Health Communications

Session Title: Implementing Effective Health Communications Strategies through Digital Media Engagement

Session Number: F2

Submitting Authors: Danielle Ramos

Authors Bio: My unique background in social work and public health provides me with the opportunity to understand health from various angles and what impacts motivation and changed behaviors. I have taken part in various professional social media work groups in the public health field over the last two years and how to strategically engage audiences through digital media.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: By the end of the session the participant will be able to:

- define the components of effective communication for a wide range of audiences.
- learn how to develop an effective digital health communications plan for their target audience.

Keywords: Child/Adolescent Health, Health Communications & Technology, Social Marketing/Health

Special Populations: Children & Adolescents, Disadvantaged Populations, Maternal & Infant Health

Full Abstract Detail: The use of digital media in the delivery of health communications has been consistently on the rise. More and more individuals are seeking out digital platforms to gain health information via smartphones, the internet, and/or social media. Concurrently, local, national and global health agencies and organizations have been actively exploring effective methods to engage their audiences through digital media. Many often lack the wherewithal, resources, and strategic planning in understanding how to successfully impact health outcomes. The existing literature is scarce in providing a comprehensive framework to deliver strategic health communications via digital media; however, various organizations have taken initiative to learn how to effectively engage their audiences in their own unique fashions. We identified several local, national, and global organizations who conduct health communications activities on child health topics with parents, teachers, early child care personnel, and men and women of reproductive age. We examined their implementation and evaluation methods and identified several key steps in developing a comprehensive digital media strategy in delivering effective health communication. Results from our findings suggest that it is imperative to define your target audience; understand how and through what media sources your audience typically accesses information; identify objectives that are specific, measurable, attainable, relevant, and timely; develop clear, concise, accurate, culturally relevant and health-literate messages; collaborate with partners to garner support and spread your health messages; and be aware of how you will define and measure successful engagement. We will further discuss each organization's unique methods of engagement and will share best practices to help inform future public health communication through digital media to improve child health outcomes.

Session Type: Oral - Youth and Tobacco

Session Title: Building Smoke-Free Communities: Engaging, Educating and Mobilizing Youth and Youth Based Organizations to Advocate for Smoke-Free Protections

Session Number: F4

Submitting Authors: Vonetta Joyce Dudley

Co-Authors: Vanessa Yvon Manluco, Ms. Deidre Sully, MPH

Authors Bio: Vonetta Dudley is the Bronx Reality Check Youth Engagement Manager of NYC Smoke-Free at Public Health Solutions, where she works to end the devastating tobacco epidemic and protect the health of all New Yorkers through tobacco control policy, advocacy, and youth education. Prior to joining Public Health Solutions, Mrs. Dudley worked at Urban Health Plan, Inc. as the Health Educator for the adolescent outreach and education program, and as a Program Coordinator assisting community youth in reaching and maintaining a healthy weight. As a Reality Check Manager, Vonetta continues her work to empower youth and help them cultivate strong student leadership and advocacy skills in their community. Vonetta's goal has always been to teach community members how they can live longer and healthier lives by becoming advocates of their own health.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Participants will learn new ways to engage with coalitions, community partners, and youth-based organizations to advocate for smoke-free protections.

Participants will learn ways to engage with youth to mobilize their peers and community leaders/officials.

Keywords: Advocacy, Partnerships/Coalitions, Smoking & Tobacco

Special Populations: Children & Adolescents, Disadvantaged Populations

Full Abstract Detail: Issue: Over the last 20 years, NYC youth smoking rates have seen a remarkable decline - 24.1% in 1999 to 5% in 2017. Nonetheless, the use of newer and emerging tobacco industry products, like electronic cigarettes is alarming as the overall New York State youth e-cig use rates have increased by 160% since 2014. Currently in NYC, 13,000 public high school students smoke cigarettes and 45,000 have reported using e-cigs. The use of flavored tobacco products remains a concern as they are largely the enticing factor for youth e-cig use, and menthol flavored cigarettes have remained the gateway product. The tobacco industry is persistent in driving their deadly and addictive products into communities and homes across NYC targeting our most vulnerable populations.

Description: Public Health Solutions' NYC Smoke-Free program utilizes its youth action arm Reality Check (RC) to engage community partners and organizations across NYC to raise awareness about the negative health and social impact of the presence and use of tobacco. When collaborating with school leaders, administrators, local Substance Abuse Prevention and Intervention Specialist (SAPIS), RC youth have hosted events, provided peer to peer education workshops and recruited additional youth for school RC

chapter purposes. Our partnership with organizations like Futures and Options has furthered education efforts as we have worked with youth to develop multimedia projects such as “RC Voices”, a web series where students conduct interviews with their peers to gain insight on new perceptions of tobacco use, and create PowToons videos to focus on the tobacco industry’s impact on communities. We have also partnered with the NYC Housing Authority (NYCHA) Youth Leadership Councils to create a documentary film to educate NYCHA residents about the HUD-mandated Smoke-Free Policy, implemented in July 2018. Through community partnerships with influential organizations, local elected officials, and other advocates, NYC Smoke-Free has utilized RC to mobilize youth and their peers and community members.

Lessons Learned: Educating and collaborating with citywide influencers to raise awareness of the adverse influence of tobacco industry marketing in local communities is vital to the health of all residents. Programs that address and support our mission, help increase education and build awareness ultimately reducing health risk factors associated with tobacco and changing social norms.

Recommendations: Engage and mobilize local organizations, public offices and youth leaders to push forward the initiatives and garner support for tobacco control work within local communities. Work with varied partners (i.e., faith-based organizations, public and influential leaders, and local elected officials) to increase diversity and inclusivity to address the tobacco control needs of different communities.

Session Type: Oral - Youth and Tobacco

Session Title: Don't Discount My Life: A Campaign to Keep Tobacco Prices High in Minnesota

Session Number: F4

Submitting Authors: Kristen Ackert

Co-Authors: Betsy Brock, Katie Engman, Chris Turner, LaTrisha Vetaw

Authors Bio: Kristen Ackert has been with the Association for Nonsmokers-Minnesota (ANSR) for three years. She's led the coalition in Edina, Minnesota that passed the first local Tobacco 21 policy in the state. Kristen has researched the economic impact of local tobacco prevention policies to advance local and state policies. Kristen received her Masters of Public Health in 2016 from the University of MN School of Public Health.

Since 2002, Katie H. Engman, has coordinated and supported school and community-based youth tobacco prevention programming and advocacy initiatives at ANSR. She specializes in building and maintaining diverse coalitions and in youth engagement. Katie is currently working to reduce the influence at the point of sale. Policy accomplishments include increasing the price of single cigars, regulating the sale of flavored tobacco and restricting youth access to tobacco.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: 1. Participants will increase their understanding for developing and conducting a successful policy advocacy campaign to regulate how tobacco prices are discounted in their community.

2. Participants will leave the session with concrete tools to strategically engage and collaborate with community partners and elected officials in advocacy efforts.

Keywords: Advocacy, Health Disparities, Smoking & Tobacco

Special Populations: Disadvantaged Populations, Minority Populations, Young Adults

Full Abstract Detail: Discounted tobacco prices attract young smokers and make it challenging for people trying to quit using tobacco. The tobacco industry has discounted tobacco for decades, and similar to the predatory practices around menthol and flavored tobacco, purposefully targets low income communities, African Americans, youth, and LGBTQ individuals. The tobacco industry spends a vast majority of their marketing budget on price discounting tactics such as coupons and direct mail or in-store promotions. Their tactics are working as one third of adult smokers use tobacco coupons every time they see one and young adults in Minnesota who receive coupons are twice as likely to become smokers. Policy strategies to reduce the availability of cheap tobacco products are urgently needed.

In 2018, a coalition of organizations dedicated to addressing the health disparities caused by tobacco use in Minnesota, sought to address the tobacco industry's targeted price discounting tactics. Coalition leaders conducted informational interviews with community leaders and their personal stories informed the messaging and strategy behind the "Don't Discount My Life" campaign (<http://dontdiscountmylife.org>). The coalition is working with elected officials whom will champion this

issue to set minimum floor prices on various tobacco products, making coupons and price promotions irrelevant in our communities.

This session will provide in-depth information about the campaign development process including community assessment and coalition building. We will share multimedia advocacy tools, messaging, how we respond to opposition and tips for meeting with policymakers. There will be numerous opportunities for questions and discussion.

We will share lessons learned and key strategies for developing educational campaigns so that participants leave with tools to advocate for policy change in their communities.

Session Type: Oral - Youth and Tobacco

Session Title: Regionalization of the Youth-Led Tobacco 21 Campaign

Session Number: F4

Submitting Authors: Molly Pisciotano

Co-Authors: Chaste Truman Barclay, Jennifer Folkenroth, Maya Gutierrez, Jennifer D Keith

Authors Bio: I manage the youth tobacco prevention program in Pennsylvania with the American Lung Association and played a role in helping to lead this campaign with our youth members in Pennsylvania and worked with the other groups in both West Virginia and Maryland.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: Understand the importance of prioritizing Tobacco 21 advocacy that is youth-led. List examples of youth-led advocacy activities that can be applied to other campaigns.

Keywords: Advocacy, Empowerment, Smoking & Tobacco

Special Populations: Children & Adolescents

Full Abstract Detail: In 2018, the American Lung Association assembled a group of youth advocates (aged 12-18) from three different states who are passionate about advocating for Tobacco 21. These advocates were unified through the Lung Association's youth tobacco prevention programs in Pennsylvania, Maryland, and West Virginia and led the initiative in each of their respective states. The core of this campaign was to inform, engage, and empower these youth advocates in order to educate their peers, communities, and local decisionmakers on the importance of raising the legal sales age of all tobacco products from 18 to 21. With the coordinated efforts between these three groups, the Lung Association had a youth presence in each state; the advocates shared their successes across state lines to support each other's legislative process. The Lung Association therefore created a resilient campaign whereby resources were shared across state borders. The Lung Association first recruited Tobacco 21 Youth Ambassadors to lead the regionalization campaign in each state through promotion with youth groups and key tobacco control stakeholders. The selected youth advocates then attended the Lung Association's first Tobacco 21 Kickoff Summit in September 2018 to learn about Tobacco 21 and advocacy. At the summit, leaders worked together to develop advocacy action plans for each state. To take these plans back to their communities, leaders developed five Tobacco 21 Uprising activities to complete around tobacco-free holidays to educate others about Tobacco 21. More resources were created to assist the advocates in their efforts including a website dedicated to Tobacco 21, UpTheAge.com. This website includes valuable materials such as a Tobacco 21 Toolkit and Petition, and a method to contact their legislators. As the forefront of this campaign, the Tobacco 21 Youth Ambassadors led this initiative among their own youth tobacco prevention groups in their schools and communities to spread awareness about raising the minimum legal sales age of all tobacco products from 18 to 21. All youth campaign efforts coincided with and enhanced adult Tobacco 21 advocacy efforts. In total, 13 Tobacco 21 Ambassadors were selected and participated throughout the program between all three states. As incentives for the campaign, each ambassador had access to Tobacco 21 Swag and received a scholarship upon completion of the program. The youth enjoyed challenging

activities and especially appreciated making their voices heard with legislators about Tobacco 21 at each state's Advocacy Day. Thanks to these combined youth efforts, we have made great progress with Tobacco 21 across the regional campaign; Tobacco 21 bills were introduced in Pennsylvania, West Virginia, and Maryland. The bill in West Virginia did not pass, the bill in Pennsylvania is still actively moving and the bill in Maryland was passed and signed into law by Governor Hogan and will go into effect October 2019.

Session Type: Ignite - SH 60

Session Title: Piloting and Validating A School Health and Wellness Policy Implementation Survey

Session Number: G1

Submitting Authors: Dr. Rachael Dombrowski

Co-Authors: Heide Cygan, Kimberly Kin, Dr. E. Whitney G. Moore, Jamie Tully

Authors Bio: Rachael Dombrowski, PhD, MPH, designs, implements and evaluates multilevel interventions to advance food justice and improve community healthy eating behaviors and food environments. Dr. Dombrowski is a faculty member of the Wayne State University Center for Health and Community Impact and the College of Education Community Health program where she conducts community-based participatory research, including program development and evaluation within Detroit, Chicago and throughout the state of Michigan. Dr. Dombrowski serves as an evaluator for the Michigan Double Up Food Bucks initiative, and has conducted an assessment of over 200 grocery stores for the Detroit Food Map Initiative. She is a graduate of the University of Illinois at Chicago (PhD) and the University of Michigan (MPH). She has worked in the public health field for over 13 years.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: Understand how to implement the School Health and Wellness Policy Implementation Survey within their school districts or district partners.

Keywords: Child/Adolescent Health, Health Policy, School Health

Special Populations: Children & Adolescents, Minority Populations

Full Abstract Detail: Background: Evidence that school health and wellness policies can positively influence the health and academic outcomes of young people has led to a national call for the implementation of comprehensive, evidence-based school health and wellness policies. Several studies report on validation of evaluative tools for policy language; however, few focus on measures of policy implementation for effectively determining policy adoption within individual schools. The purpose of this study was to pilot and validate a School Health and Wellness Policy Implementation Survey (SHWPS) in a large urban school district.

Methods: The SHWPS was created through a four-round Delphi process where independent observations were completed on expert panelists' responses. Twenty-four schools were randomly selected from a stratified sample of Chicago Public Schools based on previous assessments of their health and wellness policy implementation. An environment audit checklist was used (n=7) to compare the self-reported survey responses to direct observation and school record review.

Results: Data collection and analysis is ongoing (complete by August 2019). Data analysis of the survey results will determine construct validity of the various components; analysis of the environmental scans will determine construct reliability. Item correlations will be assessed and the structure of the measure confirmed through analysis of pilot schools' data. The self-reported survey results will also be compared

to the school environment audit at the seven participating schools to determine if staff reports are aligned with actual school practices.

Conclusions: Study results will provide school districts throughout the United States with a validated measurement tool for school health and wellness policy implementation. As this is a self-report measure, there is less burden and cost associated with collecting data to assess school health policy implementation. Schools will also improve their understanding of how health and wellness policy implementation can promote positive student outcomes and where technical assistance can be targeted to schools struggling with implementation of policy.

Session Type: Ignite - SH 60

Session Title: At What Age?: A Collaborative Activity for Reflecting on Comprehensive Sex Education

Session Number: G1

Submitting Authors: Dr. Sarah E Pember

Co-Authors: Gail McCormick

Authors Bio: Dr. Sarah E. Pember is an Assistant Professor of School Health Education in the Department of Health Education & Health Promotion at The University of Wisconsin-La Crosse. Prior to her work in health education, Sarah was an elementary educator, a profession that inspires much of her research and teaching interests and her pedagogy. She is an emerging scholar of teaching and learning, and is currently serving as a Wisconsin Teaching Fellow.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Explain the benefits and challenges of implementing comprehensive sexuality education.

Support future professionals in recognizing the importance of comprehensive sexuality education through a discussion-based reflection activity.

Keywords: School Health, Sexual Health, University/College

Special Populations: Children & Adolescents, New Professionals, Young Adults

Full Abstract Detail: Abstinence-only-until-marriage programs have proven to be ineffective in delaying the onset of sexual activity among adolescents and have been widely rejected by public health professionals and educators as ethically problematic and often inaccurate (Santelli, et al., 2017). In contrast, comprehensive sexuality education is a curriculum-based approach that incorporates the cognitive, physical, emotional, and social aspects of sex, sexuality, and sexual behavior (UNESCO, 2018). Like all effective health education curricula, it is designed to be age and developmentally appropriate, inclusive, and taught consistently each year, not as a single unit in a single course.

At What Age? is a learning activity intended to develop an awareness and understanding of the complexity of sexuality education, and the importance of a comprehensive approach for children and adolescents. The activity is designed to be used in a university classroom, with future K-12 educators and community and public health professionals, but has the potential to be adapted for use with parents, teachers, and other professionals as well.

Students are first presented with a list of twenty sexuality topics, ranging from healthy relationships, to the biology of sex and puberty, to sexual orientation and non-binary gender identities. They are instructed to individually evaluate their perceptions of "at what age?" a person should learn about these topics, from birth to over 21 years of age. After introspection, students meet in groups to discuss their rationale and come to a group consensus. Then, each group presents their decisions to the class by aligning color-coded cards of the terms with specified age categories on the floor of the classroom. This is followed by group discussion and a time for further reflection.

This activity has helped students to recognize the incredible amount of information and skill required for healthy sexual development of youth. Students have commented that they now understand how difficult it must be to be either a parent or a teacher, tasked with so many difficult conversations surrounding sexuality and sexual behavior. Additionally, they recognize the importance of gradually teaching concepts over time, building the foundation at a young age for more difficult concepts, such as consent, with earlier lessons, like personal boundaries. Students also find it valuable to reflect upon their own beliefs, and how those challenge or align with the beliefs of others.

At What Age? is an effective way to stress the importance of comprehensive sexuality education to future educators and public health professionals in a safe and respectful environment.

Session Type: Ignite - SH 60

Session Title: Practice for a Purpose: Increasing Teachers' Comfort and Confidence to Teach Sex Education

Session Number: G1

Submitting Authors: LeKara Simmons

Co-Authors: Jenn Ballentine, Shelley Francis-Travis, Dr Jane A Petrillo, Dr. Kandice Porter

Authors Bio: Dr. Francis-Travis has over 20 years of experience in adolescent sexual reproductive health. In her current role, she provides leadership and vision for GCAPP's programs department and manages a multi-million dollar portfolio of programs focusing adolescent health. Dr. Porter serves as the Chair of Department of Health Promotion and Physical Education. She is a leading voice in not only the state of Georgia but nationally around Teacher Prep Education. Dr. Petrillo serves as an Associate Professor in the Department of Health Promotion and Physical Education. She is seen as a thought leader in the field having more than 30 years of experience. Dr. Williams and Ms. Simmons have a combined 10 years of experience teaching sexual and reproductive health to adolescents and young adults.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: 1. Participants will examine critical principles, strategies and challenges specific to Year 1 and Year 2 of the Pipeline Project.

2. Participants will analyze 5 principle findings of the Pipeline Project's Year 2 evaluation data.

Keywords: College Health, Sexual Health

Special Populations: Mid-Career Professionals, Young Adults

Full Abstract Detail: Effective teacher preparation is imperative to the success of one's professional career as an educator. Yet, teachers entering the profession receive virtually no training to teach sexuality education. According to the Sexuality Information and Education Council of the United States (SIECUS), only 61% of colleges and universities require sexuality education courses for health education certification and nearly one-third of teachers responsible for sexuality education report receiving no pre-service or in-service training in this area. The Georgia Campaign for Adolescent Power & Potential (GCAPP) partnered with Kennesaw State University (KSU) in launching the Pipeline Project. During Year 1 of the Pipeline Project, the partners developed a Teacher Candidate Training Program that addressed the National Teacher Preparation Standards for Sexuality Education.

In Year 2 of the project, the Teacher Candidate Training Program was pilot tested and evaluated to assess its' effectiveness in increasing teacher candidates' comfort, confidence, knowledge, and skills to implement quality sex education and to serve as a model program that can be replicated across Georgia. Overall findings indicate that training participants gained valuable knowledge, skills and practice from the program and that key stakeholders agree that the program would be a valuable addition to Health and Physical Education (HPE) teacher educator training as a component of the current health and

physical education curriculum. Specifically, participants' concerns about implementing the curriculum decreased and confidence in implementing the curriculum increased, indicating that the training helped teacher candidates feel more prepared to implement sexuality education. Participant's attitudes towards teaching specific aspect of sexuality content improved with fewer respondents reporting that they would be embarrassed to teach sexuality education post-training.

While participants' knowledge, attitudes and confidence increased and teachers enjoyed the opportunity to practice teaching some of the content. Teacher candidates (participants) desired additional simulations and/or real-life experience delivering the lessons. Participants recommended lengthening the training program and incorporating it into a Sexuality or Family Life course to better align the content and allow more time for practice implementing the curriculum. If implemented, these modifications will help teacher candidates feel even more prepared and confident to teach sex education.

The primary goal of this educational session is to increase participants' knowledge of innovative approaches to preparing future physical and health education teachers to effectively teach and facilitate comprehensive sex education.

Session Type: Ignite - SH 60

Session Title: Advancing public health policy: The legislative and implementation process of a county-wide stock inhaler for schools program in Arizona

Session Number: G1

Submitting Authors: Dr. Lynn B Gerald

Co-Authors: Ms. Ashley Anne Lowe

Authors Bio: Dr. Gerald is Canyon Ranch Endowed Chair & Professor in the Department of Health Promotion Sciences, College of Public Health, University of Arizona and Associate Director of Clinical Research for the Asthma and Airways Disease Research Center. She is an expert in the area of asthma and has maintained continuous funding from NHLBI in the area of school based asthma interventions for 20 years. She was instrumental in working with collaborators to advocate for passage of legislation allowing stock inhalers in schools in Arizona. Her team has been working with schools in Pima County to implement stock inhaler programs and with other states to pass legislation allowing stock inhalers in schools. Ms. Lowe is the Program Manager for the Pima County Stock Inhaler Program and recently completed her MSPH which examined the implementation and evaluation of the Pima County Stock Inhaler Program.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: Describe the importance of stock inhaler programs in school for children with asthma.

Understand the legislative process for implementing stock inhaler policies for schools.

Design and implement a stock inhaler program for schools.

Evaluate the outcomes of a stock inhaler program.

Keywords: School Health

Special Populations: Children & Adolescents

Full Abstract Detail: Access to rescue medication (i.e., albuterol inhaler) for children at school remains crucial for quickly relieving the symptoms of respiratory distress. Schools that stock an albuterol inhaler can quickly avert a potentially life-threatening asthma attack. However, most US states lack any law specifying the usage of stock albuterol by schools. The absence of such laws create many barriers for schools who seek to adopt an emergency protocol and implement a stock albuterol inhaler program. Therefore, we describe the processes for passing Arizona H.B. 2208 "Stock Inhalers for Schools" and for implementing and evaluating a county-wide stock inhaler for schools program in Pima County, Arizona.

Lacking previous experience in advocacy, we contacted the Vice President for Advocacy for the American Lung Association (ALA) who introduced us to our regional Director of Public Policy. The ALA collaborated with the Arizona Asthma Coalition to lobby for legislation. They contacted the appropriate representative in the Arizona House Health Committee about amending the existing stock epinephrine law and worked to build a broad stakeholder coalition including pediatric health organizations, school nurse and administrator organizations, private corporations, public health organizations and health

departments, school organizations, and the State Department of Education. Our academic group worked with pediatricians, asthma specialists and school nurses to create educational materials and provide expert testimony. The legislative process took approximately one year from the beginning of discussions with the House Health Committee to the signature of the Governor. After legislation was approved, we worked with stakeholders on implementation. The stock inhaler for schools program was created by a stakeholder coalition who provided charter, private/parochial and public schools in Pima County, Arizona with template resources and program supplies. Our team distributed program supplies, provided technical support and collected documentation logs from schools during the 2017-2018 academic year.

Two hundred thirty charter, private/parochial, and public schools voluntarily enrolled in the program. Schools who participated received an online training curriculum, template resources, a standing medical order signed by the Chief Medical Officer of Pima County, (1) 60-dose albuterol sulfate inhaler, (5-10) disposable valved holding chambers (i.e., LiteAire®), and a standardized emergency protocol. We collected 1,032 documentation logs of stock inhaler usage completed by the schools. Eight-four percent of uses resulted in students returning to the classroom.

Stakeholder coalitions can develop policies and pass legislation that can ultimately facilitate the wide-scale adoption of school stock inhaler programs aimed at averting life-threatening events and improving the health of children.

SOPHE 2020 Annual Conference Abstracts

Session Type: Ignite - SH 60

Session Title: Fostering Community Collaboration in School Wellness: Implementing Policy, Systems & Environmental Intervention through School Wellness Committees

Session Number: G1

Submitting Authors: Dominique Cobbs

Co-Authors: Kaitlyn Streitmatter1

Authors Bio: Dominique Cobbs is an Extension Educator in the SNAP-Ed program at the University of Illinois Extension. It is Dominique's role as a SNAP-Ed Educator to provide nutrition policy, system, and environmental intervention support to local agencies and organizations, with ultimate goal of decreasing obesity by making the healthy choice the easy choice. She received her Bachelor of Science in Health Education from Illinois State University in 2013 and her Master of Public Health in Public Health Practice from Florida A & M University in 2016. Prior to joining the University of Illinois in 2016, Dominique was a Community Health Educator at a local health department in the areas of Tobacco Control & Prevention, the Affordable Care Act In-Person Counselor Program, and Chronic Disease & School Health. She is a CHES-certified and her professional affiliations include SOPHE and APHA memberships.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: Explain the importance of utilizing an assessment tool to evaluate and steer school wellness committees.

Illustrate how school wellness committees can aid in the development, implementation and sustainability of local wellness policy.

Keywords: Child/Adolescent Health, Policy, Systems & Environmental Change, School Health

Special Populations: Children & Adolescents, Mid-Career Professionals, New Professionals

Full Abstract Detail: According to the Centers for Disease Control and Prevention, about 95% of the nation's children and adolescents are enrolled in schools, and they typically spend 6 hours a day for up to 13 years in school. Healthy eating and physical activity have direct correlation with better academic performance and classroom behavior. Promoting a healthy school environment helps to ensure students are well-nourished and ready to learn. A school wellness committee is an essential catalyst to help mobilize key leaders in the community and school in order to promote school wellness. In this session we will discuss how to assist as a Health Educator in the creation of a leadership team, identify necessary assessment tools to establish goals and objectives for the committee and how to involve the community and additional sectors in the school wellness committee.

A school wellness committee serves as a leadership team established to have the authority and responsibility of ensuring each school or school district complies with the wellness policy. By coordinating efforts outside of the school walls, the school is able to better impact the overall health of the students and their families. This team assesses the school health environment, programs, and policies. They also identify ways to strengthen these to improve the overall health of students and staff.

This team can use assessment tools such as the WellSAT 3.0 and the School Health Index to better understand best practices and the needs of the school. Using such assessment tools will help committee members identify evidence-based strategies leading to effective and sustainable policy change. Policy implementation will help to build common understanding of how the school operates and will help identify priorities for the school. This will help teachers, staff, parents and the community work together and better understand the school wellness vision and values.

During this session, new professionals and mid-year professionals in Health Education will learn the importance of an interdisciplinary school wellness committee and how community collaboration can enhance overall school wellness. We will describe key partners, strategies for successful administrative buy-in and assessment tools to identify school wellness needs. Lastly, the importance of setting goals and objectives in order to create sustainability and follow through will be discussed.

Session Type: Oral - Law and Health

Session Title: The Legal Lens: A Perspective to Address Inequalities in Public Health

Session Number: G2

Submitting Authors: Brianne Bostian Yassine

Co-Authors: Montrece Ransom

Authors Bio: Brianne Yassine is a Public Health Analyst with the Public Health Law Program (PHLP) at the Centers for Disease Control and Prevention. Ms. Yassine serves on PHLP's Training and Workforce Development team and is faculty at CDC University. She specializes in public health education, and develops curricula on the relationship between public health and the law. Ms. Yassine has been a Certified Health Education Specialist since 2009. She served in the United States Peace Corps in Kenya, designing and implementing educational programs. She holds undergraduate degrees in Health Sciences and Community Health Education from Portland State University in Oregon, and a Masters of Public Health from Boston University's School of Public Health. Ms. Yassine is currently pursuing a PhD in Workforce Education at the University of Georgia.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: 1. Participants will be able to describe the use of law in our public health system.

2. Participants will be able to identify how legal structures shape our environment.

3. Participants will discuss legal and policy solutions to public health problems faced today.

Keywords: Health Equity, Health Policy, Policy, Systems & Environmental Change

Special Populations: New Professionals, Seasoned Professionals

Full Abstract Detail: In the United States thousands of laws have been passed that have had both positive and negative impacts on public health. Practitioners may need to leverage legal tools and partnerships to find solutions to today's public health issues and systematic inequalities. It is critical for public health educators and practitioners to understand how public health law impacts the health and well-being of all populations, and identify systematic disparities that may be improved by the use of law as a tool for public health.

The top two areas of demand for training among public health professionals are influencing law and policy development and assessing impacts of law and policy on population health. Public health law is defined as, "the legal powers and duties of the state to assure the conditions for people to be healthy, and the limitations on the power of the state to constrain the autonomy, privacy, liberty, proprietary, or other legally protected interests of individuals for the protection or promotion of community health," (Gostin, 2017). Taking this one step further, we maintain that in assuring conditions for people to be healthy through public health law, it is imperative to contemplate the role of law in the social and structural determinants of health. Law can be used by legal counsel and practitioners alike to target the social determinants of health, such as access to care and employment. For example, in 2018, New York passed a law expanding access to mammograms through extended hours and eliminating deductibles

and copayments. Currently in the U.S., women earn only 80 cents for every dollar men make, and black women earn 61 cents for every dollar paid to white men. Understanding that income is an important determinant of health, states are seeking to close this gap by passing laws making it unlawful to ask about salary history prior to hiring.

CDC's Public Health Law Program has developed materials to assist public health educators with educating in public health law. In building capacity across sectors and agencies it is critical to keep not only public health law, but the social and structural determinants of health and how law can be used to address them in mind. Speakers from CDC will define public health law and discuss legal and policy tools practitioners can use to address public health issues faced today.

Session Type: Oral - Law and Health

Session Title: Law as a Structural and Social Determinant of Health

Session Number: G2

Submitting Authors: Brianne Bostian Yassine

Co-Authors: Montrece Ransom

Authors Bio: Brianne Yassine is a Public Health Analyst with the Public Health Law Program (PHLP) at the Centers for Disease Control and Prevention. Ms. Yassine serves on PHLP's Training and Workforce Development team and is faculty at CDC University. She specializes in public health education, and develops curricula on the relationship between public health and the law. Ms. Yassine has been a Certified Health Education Specialist since 2009. She served in the United States Peace Corps in Kenya, designing and implementing educational programs. She holds undergraduate degrees in Health Sciences and Community Health Education from Portland State University in Oregon, and a Masters of Public Health from Boston University's School of Public Health. Ms. Yassine is currently pursuing a PhD in Workforce Education at the University of Georgia.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

- Objectives:**
1. Participants will be able to describe the role of law as a public health tool.
 2. Participants will be able to define key legal concepts and terms germane to public health law.
 3. Participants will understand the impact of law as a social determinant of health.

Keywords: Policy, Systems & Environmental Change, Social Determinants of Health, Strategic Planning & Systems Thinking

Special Populations: New Professionals, Seasoned Professionals

Full Abstract Detail: As the sciences of systems change, legal strategies are a critical tool to impact health outcomes. Laws shape the physical and social contexts in which we live, learn, work, play, and worship, and as such law can be viewed as a social and structural determinants of health. Law is a critical tool for protecting and promoting the health of the public and serves as the foundation for governmental public health practice. Many of public health's greatest successes, including high childhood immunization rates, improved motor vehicle safety, safer workplaces, and reduced maternal mortality, relied heavily on law. Today, statutory and regulatory practices impact pricing strategies for alcohol and tobacco products, assures access to clean syringes, and fluoridates our water. Further, legal strategies play an increasingly important role in addressing emerging public health threats such as childhood obesity, healthcare-associated infections, and prescription drug overdoses. Despite the significance of law to public health practice, understanding and analyzing the connection between law and health outcomes is one of the primary knowledge gaps among the public health workforce. Studies conducted by national public health organizations, including the Council on Education for Public Health, the Association of Schools of Public Health, and the Association for State and Territorial Health Officials have found public health law is among the top areas in which public health practitioners need and desire training and educational programs.

In the complex environment where policy and law impact public health programs and outcomes, it is important for modern public health educators to understand the role of law in advancing the public health goals of the agencies they serve. CDC's Public Health Law Academy resources to further education on the impacts of law on everyday public health practice.

This session will explore the role of law as the foundation of public health practice. Participants will learn about key moments in legal and public health history that underlie the modern practice of public health, gain insight into the impact law has on public health practice through case studies, and highlight ways that law can be used to improve the practice of public health for generations to come. This presentation, presented by CDC's Public Health Law Program, will help fill a critical competency gap in the public health workforce.

Session Type: Oral - Bullying

Session Title: If 4 Million Americans Experience This Every Day, Why Is Public Health Not Involved?

Session Number: G3

Submitting Authors: Lori Dewald

Authors Bio: Dr. Lori Dewald has been a university faculty member for 29 years teaching in the health sciences both in the face-to-face and online settings. She has given over 160 invited national conference presentations and has had over 45 peer reviewed research publications. Dr. Dewald is involved in many national committees in the American College Health Association (ACHA), the National Athletic Trainers' Association (NATA), and the Society for Public Health Education (SOPHE). She was chosen for induction as a fellow in the American Association for Health Education in 2009. She received the Most Distinguished Athletic Trainer (MDAT) award from the National Athletic Trainers' Association in 2011. In May 2019, The American College Health Association awarded Lori with the ACHA's Best Practice in Administration Award.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: 1. Recognize the signs and symptoms of workplace bullying on the victim and the behaviors of the bullies in the workplace.

2. Describe strategies for improving the health and lives of victims of workplace bullying.

3. Review employer handbooks, policies, and procedures to help employers end workplace bullying and improve the US workplace climate.

4. Advocate for federal and state laws that will end workplace bullying.

Keywords: Advocacy, Empowerment, Worksite Safety & Health

Special Populations: Mid-Career Professionals, Minority Populations, New Professionals

Full Abstract Detail: In the US, 37% of the workforce report being bullied. In the United Kingdom, it is estimated that bullying accounts for up to 50% of stress-related workplace illnesses, costing UK employers 80 million lost work days and up to \$4 billion annually in lost revenue. US workplaces are not immune from bullying and the problem has not received much attention in prevention or in workplace policy. The lost work days and lost revenue due to workplace bullying in the US is not known. The definition of bullying is still not clearly delineated, though it is commonly recognized as a type of harassment. Unfortunately, the only legal protection for employees who are victims of workplace harassment is on the grounds of existing federal and state anti-discrimination laws - sex, race, color, or religion. Regardless, there are behaviors that are identified and agreed upon to be characteristic of bullying. The outcomes, at all levels, can be devastating to both the individual and organization, but most particularly for the individual. It is reported that 45% of victims suffer health and stress-related problems. These health and stress related problems make workplace bullying a public health crisis.

Session attendees will have the opportunity to gain an understanding of the extent of workplace bullying. Identify organizational and personal factors that contribute to bullying. Conduct a self-

assessment to identify warning signs and learn to recognize common methods used by bullies, and assess their own work environment. The session will allow for attendees to brainstorm with other participants to identify strategies that will be personally effective in reducing the impact of bullying; and work in small groups to identify potential strategies for resolving bullying in their own workplaces. Workplace bullying is a public health issue, and federal and state laws are needed as well as employer policies and procedures to end workplace bullying. Finally, the health educators will develop skills for helping employers end bullying in their workplaces and create a healthy workplace culture.

Session Type: Oral - Keeping Issues Relevant: Zika

Session Title: Zika in Cameron County: Three Years Later

Session Number: G4

Submitting Authors: Isabel Huerta

Authors Bio: Isabel Huerta has participated in multiple incidents as an Epidemiologist for the Cameron County Department of Health and Human Services. She served as the lead of an Epidemiology Response Strike Team for the Fight the Bite Campaign, completing Arboviral Disease Investigations, educating, and collecting and processing specimens from symptomatic patients. She continues to participate in Zika surveillance and interventions as an investigator and public health educator. Ms. Huerta graduated in May 2015 from the Johns Hopkins Bloomberg School of Public Health with a Masters of Health Science in Biochemistry and Molecular Biology after completing a Bachelors of Public Health with a focus on health literacy and health disparities at Johns Hopkins University in 2014.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session the participant will/be able to identify key stakeholders and interest groups in their jurisdiction in need of Zika health literature and education.

By the end of the session the participant will/be able to formulate a health education plan for Zika virus in their jurisdiction.

Keywords: Access to Health Care, Community Health Workers, Infectious Disease

Special Populations: Disadvantaged Populations, Minority Populations, Women

Full Abstract Detail: As an area on the border of Mexico with a largely Hispanic, lower-socioeconomic status population and popular tourist destinations, Cameron County remains one of the areas designated by the Texas Department of State Health Services as a High-Risk area for Zika. In September of 2016, Cameron County identified its first travel-related Zika case. That December, Cameron County responded to the first locally acquired Zika cases in Texas with Operation Continuing the Fight.

Most female cases of 2016 were expectant mothers in early trimesters. As both the transmission and prevention of Zika both include many individual behavioral components, education was quickly identified as key to prevention of this novel disease. Health educators conducted door-to-door community education in vulnerable areas identified by environmental assessments and epidemiology. As Zika research emerged, staff and public health clinicians were updated via health literature and trainings.

2017 presented new challenges as the initial Zika cases gave birth to neonatal Zika cases. With this came questions of who would conduct deliveries, how to deal with new modes of exposure, and what follow-up care would entail. As of 2018, follow-up with citizens affected by Zika has not ended. Post-exposure monitoring of children continues should developmental issues due to Zika arise post-partum.

Education campaigns have continued to play a large role in Zika prevention and mitigation efforts.

Cameron County Epidemiologist Isabel Huerta covers select case studies, the day-to-day of Zika surveillance and response in 2017, & the updates which have been made to operating procedures since then. Huerta explains the role that health education played and continues to play in helping the community, healthcare providers, and testing labs deal with Zika and its after-effects.

Session Type: Roundtable - School Health

Session Title: Research Translation and Implementation: Disseminating and Evaluating Evidence-based Physical Activity Programs to Improve Health Outcomes in School Settings

Session Number: H1

Submitting Authors: Adria Meyer

Authors Bio: Christi Kay is a leader in health and PE, having served as a teacher from the pre-school to college levels and as HPE Curriculum and Instruction Specialist for the largest school district in GA. Currently, she is President of HealthMPowers, a nonprofit organization that has been recognized with the President's Council on Fitness, Sports & Nutrition Community Leadership Award and SOPHE's Program of Excellence award, committed to improving health and environments for students and families. Christi developed the statewide fitness assessment training for GA and oversaw its implementation for all K-12 public schools. She also led the statewide training for Power Up for 30 elementary schools, now expanded to include middle schools and out-of-school time providers. She is a national trainer for CDC's school health index, as well as a master trainer for the President's Youth Fitness Program.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: By the end of the session, participants will learn:

1. Adaptive program planning: assessing and adjusting to challenges presented in the school setting.
2. Adaptive evaluation: establishing implementation fidelity protocol to ensure that evaluation metrics are clearly defined and measurable.

Keywords: Dissemination & Implementation, Physical Activity/Exercise, Program Planning

Special Populations: Children & Adolescents, Disadvantaged Populations

Full Abstract Detail: HealthMPowers, a non-profit 501(c)(3) organization founded in 1999 to address growing concern over the health of our youth, has served over a million students and impacted every public school in GA through evidence-based trainings and services. Focusing on school-based physical activity interventions, this session will walk participants through the process of adaptive program planning for the school environment, along with lessons learned through the dissemination of our school-based trainings and programs. It will also address bridging the gap between science and the "real world" by discussing the development of implementation fidelity protocols to ensure that programs adapted to the unique challenges presented by the school environment are using consistent evaluation metrics that are clearly defined and measurable. In addition to bridging science and real-world implementation, the session addresses social justice, and health education as a catalyst for change. School-based programs have the potential to reduce health disparities by adapting programs to reach at-risk, high-need populations where they learn and play. Last year, schools served by Power Up for 30 through training, technical assistance and resources had an average free and reduced lunch rate of 94%.

While serving this population carries additional challenges such as funding limitations, the potential for positive program impact is also greater.

Health Empowers You! was piloted in 2013 to increase physical activity in elementary schools using the Coordinated School Physical Activity Program Model promoted by CDC and SHAPE America. The program was subsequently adopted by Georgia Shape for their Power Up for 30 initiative, a voluntary program that encourages every elementary school in Georgia to include an additional 30 minutes of physical activity before or during school each day. Since 2013, HealthMPowers has served as the training partner for Power Up for 30, impacting more than 501,255 students. Compared with schools who did not receive the initiative, Power Up for 30 schools made statistically significant improvements in providing students with more PA time (including before school, after school, recess, and physical activity in the classroom), resulting in improved cardiovascular health outcomes. Following the statewide expansion of the program, Health Empowers You! was included in the national SNAP-Ed intervention toolkit as a high-impact, evidence-based intervention after a blind review with rigorous scoring by the National Collaborative on Childhood Obesity Research, Center for Training and Research Translation, and USDA. HealthMPowers will share the experiences and lessons learned from implementing these programs, as well as evaluating them with consistent and measurable metrics to ensure that these programs can be consistently implemented with fidelity and rigorous standards across a diverse setting serving high-need populations.

Session Type: Roundtable - School Health

Session Title: How Low Can You Go?: Leveraging Successful Partnerships for Optimal Attrition

Session Number: H1

Submitting Authors: Ms. Asma Warrich

Authors Bio: Over the past four years, I have served on several federally funded grants focusing on school engagement, community development and health education, specifically for youth and minority populations. Before beginning my career in Public Health, I obtained a Master's in Public Health from the University of North Carolina at Charlotte.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: 1. Describe how to build and maintain effective partnerships between school health and public health agencies to improve programming and research efforts.

2. Explain how to collect data while maintaining low attrition rates and high participation rates at the middle and high school level.

Keywords: Child/Adolescent Health, Research Design and Methods, School Health

Special Populations: Children & Adolescents

Full Abstract Detail: Created in 1997 as a successor to the Cabarrus County Health Department, Cabarrus Health Alliance (CHA) is the county's public health authority. As a leader in data-informed prevention programming, CHA has implemented and evaluated numerous community programs. In particular, teen pregnancy prevention has been a focus area for over 15 years. Teen pregnancy is a social justice issue because effective prevention education is often inaccessible.

The TRAIL (Taking Responsible Actions in Life) program, funded by the Office of Population Affairs, takes a comprehensive, multi-level approach to addressing teen pregnancy. This includes dissemination of an innovative health curriculum, engaging students in service-learning opportunities, mentorship, improving school climate, and changing social norms towards healthy decision-making.

As one of 24 sites funded in the nation, the TRAIL intervention is currently being evaluated using a cluster-level randomized control trial (RCT) with 16 schools and 4657 youth in 8th and 9th grade. Online survey administration is completed at baseline, short-term and long-term follow-ups, with the primary outcome measurement being the impact of the TRAIL intervention on program participants' reported recent sexual behaviors.

CHA alone accounts for 33% of all enrolled participants nationwide. The US Department of Health and Human Services and the Office of Population Affairs utilize the What Works Clearinghouse (WWC) standards to determine the level of grantees' research quality and rigor. At the cluster-level, CHA has maintained 100% of the clusters assigned within the RCT placing the study well within the gold standard for low attrition. At the participant level, CHA achieved an overall attrition rate of 22.5%, which is much lower than the 56% WWC maximum acceptable rate.

As one of the highest performing sites, this workshop will review best practices in pregnancy prevention programming and data collection with two different school systems in Cabarrus County. Effective implementation requires responsiveness to the needs and preferences of partners while simultaneously staying true to the research process. Forming and strengthening these partnerships, addressing potential barriers and concerns, and effective problem solving to minimize site and participant loss will be reviewed. Adequate partnerships such as these ultimately serve to increase resources provided to school systems. This ensures all students are equipped with the necessary tools to make healthy decisions regarding their overall well-being.

Session Type: Roundtable - School Health

Session Title: Tailoring Dynamic Solutions for Narrowing the Nutrition Gap

Session Number: H1

Submitting Authors: Ms. DaNelle Nicole Jenkins, M.Ed., CHES

Co-Authors: Ms. Jasmine Nelson, B.S., Monica M Smith, MS, RDN, LD, CLC

Authors Bio: DaNelle Jenkins is a Certified Health Education Specialist at the Northern Kentucky Health Department with over a decade of experience in health promotion, specializing in women's and children's health, and health equity. She holds a master's degree in Education, a bachelor's degree in Psychology, a minor in Biology, and certificates in Women's Studies and Domestic Violence Counseling. Her leadership implementing the CDC's WSCC model and facilitating policy/environmental changes was recognized in publications by The Community Guide and the National Association of Chronic Disease Directors. As an Educator and Consultant, she serves on the Rudd Center for Food Policy & Obesity's national wellness policy workgroup. She is a member of the American School Health Association and the Society for Public Health Education and participates in collaborations for public health, education, and art.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the end of the session, participants will be able to examine how public health agencies can collaborate with schools and communities to assess nutritional needs.

By the end of the session, participants will be able to summarize methods to implement systematic plans to address nutritional needs across community populations.

Keywords: Environmental & System Change, Nutrition and Obesity Reduction, School Health

Special Populations: Children & Adolescents, Disadvantaged Populations, Older Adults

Full Abstract Detail: Less than half of Kentucky's adults rate their health as excellent or very good (Kentucky Health Issues Poll, 2018). One of the contributors to a community's health is access to quality nutrition as a tool to prevent chronic disease. Access to healthy foods can vary across the lifespan, from childhood to adolescence to older age. The following issues of food access are a function of many social determinants of health including the following: wealth and income disparities, lack of transportation, fewer outlets for healthy foods and food deserts (coupled with more outlets for less healthy food options), and the lack of nutrition education (coupled with a lack of access to broadband). These issues, in addition to others, can contribute to disadvantaged/disenfranchised populations being negatively impacted. The focus of this session will cover the work of the Northern Kentucky Health Department (NKHD) to impact nutrition education and access to healthy foods.

Over the past decade, the NKHD has focused on population health. Because school health and nutrition are key areas of focus, NKHD leverages a variety of cross-sector partnerships and resources to improve nutrition environments. This session will demonstrate key projects in which plans were developed and

implemented to address assessed needs and will cover the technical assistance that was provided to evaluate impacts of change within school communities and beyond. These strategies aim to improve child and adult health and contribute to health equity.

Three projects will be discussed and will illustrate nutrition impacts: 1) the school health incentive funds project to improve nutrition and physical activity, and to reduce tobacco use and unintentional injury/violence (therefore improving safety in schools); 2) a community-centered project, focusing on adult populations to increase access to fresh fruit and vegetables through the development of a regional nutritional network for learning, produce distribution, farming and cooperation; and 3) the last project will highlight the creation and use of a food assessment dashboard which allows for data-driven technical assistance and a more in-depth understanding of community knowledge and awareness pertaining to healthy lifestyles, food options, and nutrition behaviors. Policy and environmental change and other tools utilized for population health improvement will be discussed, in addition to lessons learned from the field.

Session Type: Roundtable - School Health

Session Title: Improving Student Health by Bridging Health Education Practices with Out-of-School Time Programs

Session Number: H1

Submitting Authors: Mrs Michelle Dinnen-Owens

Co-Authors: Patricia Patrick, Shauvon Simmons-Wright

Authors Bio: Michelle Dinnen Owens is a National Advisor for The Alliance for a Healthier Generation. She has been at HG for the past eleven years, providing technical assistance, professional development training and resource development for schools and out-of-school time sites focused on wellness policies, physical activity opportunities, healthy eating options and social emotional programming for students and staff. Michelle has over 20 years of experience in training and curriculum development for programs designed to reach the most underserved populations. Prior to her work in the field of school health, she was an Elementary School Teacher and a National Trainer for Foundations, Inc, John's Hopkins University and the Success For All Program.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the end of this session participants will be able to:

Describe three action steps to bridge partnerships between Health Educators and OST staff to increase nutrition education opportunities in OST programs

Describe ways to share Health Education practices with Out-of-School Time programs to expand student's opportunities to develop healthy eating habits

Share Healthy Eating and Physical Activity (HEPA 2.0) standards to support integrating nutrition education at OST sites.

Keywords: Nutrition and Obesity Reduction, Physical Activity/Exercise, School Health

Special Populations: Children & Adolescents, Disadvantaged Populations, Minority Populations

Full Abstract Detail: 10.2 million children across the country are involved in some type of formal or informal out-of-school-time program, including before school, after school, or summer programs. The need for more out-of-school-time programming is growing. For every child in a program there are two more that would attend a program if it were available. As the role of afterschool programs has evolved from primarily providing a safe and supervised environment to a resource that provides a host of supports for their students, programs have become valuable partners in helping students reach their full potential in school, career and life. Supporting health and wellness is an important aspect of out-of-school time programs, from providing access to nutritious foods and promoting healthy habits, to keeping students physically fit and supporting mental health. OST program leaders and staff are natural partners for extending the Whole School, Whole Community, Whole Child approach beyond the school day. Many OST organizations have adopted voluntary standards to help make physical activity and nutritious foods and beverages an everyday part of their programs. A key to successful and equitable

implementation is to ensure the National AfterSchool Association's Healthy Eating and Physical Activity (HEPA) standards are integrated into recognition programs, certifications, and as an everyday practice of OST programs. Enhancing these environments through equitable policy and systems-change allows us to expand the opportunities available to children.

This session will describe best practices for engaging Health education teachers, school nurses, counselors, community partners and families to collaborate with OST program staff to increase enrichment activities in health education and nutrition promotion. Participant will identify three action steps to bridge partnerships to increase nutrition education opportunities. Resources and tools will be shared to bridge partnerships to strengthen implementation of health education and nutrition promotion opportunities for students in the out-of- school time space.

Session Type: Roundtable - School Health

Session Title: Improving School Physical Activity and Nutrition Environments one Mini-Grant at a Time: Lessons Learned

Session Number: H1

Submitting Authors: Rachel Campos

Co-Authors: Debra Kibbe, Ms. Coleman Tanner

Authors Bio: Rachel Campos provides technical assistance to rural health initiatives across the country with a focus on building their capacity and long-term sustainability, specific to childhood obesity. In addition, she provides technical assistance to Georgia's Student Health and Physical Education (SHAPE) grantees to develop wellness committees and physical activity and nutrition plans within school communities for an opportunity to achieve a greater level of overall fitness and health. Lastly, Campos serves as a technical assistance consultant to Georgia Community Service Boards to implement a project integrating mental health therapists in school settings to create a sustainable school-based mental health model.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Describe the creation and modifications to the Georgia Shape Physical Activity and Nutrition Grant program from 2012 to date.

Explain the grantee support framework including technical assistance, training and partnership development.

And, examine lessons learned, successes, and impact of investment in physical activity and nutrition programs, policies, systems, and environmental modifications over the last seven years.

Keywords: Nutrition and Obesity Reduction, School Health, Technical Assistance

Special Populations: Children & Adolescents, Disadvantaged Populations

Full Abstract Detail: Background: For the past 7 years, the Georgia Department of Public Health has supported the Shape Physical Activity and Nutrition Grants Program. It provides mini-grants to schools to implement physical activity and nutrition programs and policy, system, and environmental (PSE) changes. Schools apply for and are awarded 1 of 2 grant types: core \$3000 and enhanced \$5000. Awardees receive training and technical and partnership development assistance. Schools submit a final report at the end of the grant period containing a summary of activities and spending, challenges, outcomes, success stories, and partnerships. Participants: Since 2012, eight rounds of funding has provided 183 grants to 147 Georgia public schools totaling \$742,000. Methods: A process evaluation was conducted to assess themes in program and PSE changes as well as barriers and facilitators to achieving grant deliverables. Grantee mid-term and final report responses were thematically analyzed. Results: Funding and technical assistance can help schools to develop diversified wellness councils, create action plans for physical activity and nutrition priorities, adopt evidence-based tools and curriculum, provide staff professional development, evaluate and report the impact of efforts, and

implement PSE best practices. The most successful schools have an active administrator and Shape champion, highly value training and technical assistance, and achieve greater PSE improvement mainly due to engaged staff and strategic partners. Conclusions: A mini-grant initiative to improve physical activity and nutrition in public schools can be successful in improving health-related programs and PSE if certain strategies are achieved.

Session Type: Roundtable - School Health

Session Title: Beyond Partnerships: Bringing Team Based Care to School-Based Asthma Management Programs

Session Number: H1

Submitting Authors: Rosalia Guerrero

Authors Bio: Rosalia Guerrero, MBA is currently the manager of the Houston Health Department's Asthma Prevention and Control Program. In her role, Ms. Guerrero directs several asthma control projects and provides support services in the community including training and consultation on asthma management education, environmental trigger reduction in the home and school setting, and asthma program development and evaluation. She also coordinates the Texas Gulf Coast Asthma Coalition. Ms. Guerrero is currently pursuing her DrPH from the University of Texas School of Public Health.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session, the participant will be able to replicate a school-based asthma management and education intervention to reduce health disparities among students with poorly controlled asthma utilizing a team-based approach in support of Healthy People objectives.

Keywords: Environmental Health, Health Disparities, School Health

Special Populations: Children & Adolescents, Disadvantaged Populations, Minority Populations

Full Abstract Detail: Background/Relevance:

The Houston Independent School District (HISD) provides services to over 215,000 students. Over 90% of the HISD student population are non-White and 75% of the students qualify for free or reduced-priced lunch. Currently, an estimated 6,000 children with asthma are enrolled in HISD. Those students with poorly controlled asthma tend not to have a current asthma action plan from a medical provider, lack a rescue inhaler at school, are non-compliant in use of routine asthma medicine and may be exposed to multiple environmental asthma triggers at home. The schools that were selected for this intervention have a higher than average rate of asthma attacks, nurse visits due to asthma and missed school days, low educational attainment as compared to other HISD schools and are in medically underserved neighborhoods.

Approach:

Although schools are best positioned to provide regular and professional case management in the support of students and their families, sustained success comes when schools, health care providers and families work together to implement a tailored health promotion program. Public health agencies can provide data, community-wide surveillance, enforcement of environmental health ordinances and programmatic support to strengthen efforts and allows schools to leverage limited internal resources. This intervention uses a strong team-based approach to provide a continuum of care past the school campus. The team is led by the school nurse who coordinates with a Houston Health Department (HHD) community health worker (CHW) to conduct home visits to provide environmental assessments, basic

monitoring services (lung function screening), health education and linkage to community resources. The nurse communicates relevant information to the student's medical provider or managed care provider, and requests medication orders and asthma action plans as needed. The CHW encourages parents to take an active role in their child's health care. The HHD provides health education resources, including trigger reduction kits, and administrative support to facilitate flow of communication between the different stakeholders.

Results or Lessons Learned:

Preliminary process evaluation outcomes demonstrate initial success in establishing quality communication with caregivers of children with asthma, extending the role of the nurse without overextending the nurse's workload, and developing new policies and procedures targeted at collaboration in care to support students with asthma.

Session Type: Roundtable - School Health

Session Title: Integrating Physical Activity and Nutrition: Implementing a coordinated school-wide approach to impact health behaviors of adolescents.

Session Number: H1

Submitting Authors: Dr. Dana Griffith

Co-Authors: Casey Cahill

Authors Bio: Dana Griffith worked as a health and physical education teacher for 27 years before joining HealthMPowers as the Sector Director for Secondary initiatives. In her role as an educator, she was recognized as the National Association of Sport and Physical Education Southern District Teacher of the Year, Gwinnett County Public School's Middle School Teacher of the Year, and the National Football League's Physical Educator of the Year. To gain a global understanding of education, she participated in two Fulbright Teacher Exchanges to Finland and Japan and has earned a doctorate degree in Curriculum and Instruction. With HealthMPowers, she has led the secondary sector program to empower healthy habits and transform environments in low socioeconomic schools around Georgia through policy, system, and environmental change.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session participants will be able to implement multiple physical activity and nutrition strategies into the school day targeting improved health enhancing behaviors of adolescents.

Keywords: Health Literacy

Special Populations: Children & Adolescents

Full Abstract Detail: HealthMPowers is a non-profit organization founded to promote healthy eating and physical activity in schools using guidelines from the Centers for Disease Control and Prevention (CDC). The mission of HealthMPowers is to empower healthy habits and transform environments where children live learn and play. The Secondary Sector is funded through SNAP-Ed to partner with middle schools and high schools in Georgia. During this partnership, each school is provided with resources and services to help them improve in their healthy eating and physical activity behaviors. This is done through direct education, peer-to-peer engagement, policies, systems and environmental changes. This session will focus on specific strategies used throughout the school day to integrate physical activity and nutrition as a coordinated school-wide approach to improved behaviors among adolescents.

Integrating physical activity and nutrition education into the school day supports student health and academic success. This session examines the critical role schools play in promoting the adoption of health-enhancing behaviors that can lead to healthier and more successful and productive lives. In order for behavior change to occur, students must receive clear consistent messages targeting the desired behavior. Schools play a critical role and have an exceptional opportunity to ensure this occurs. Direct education, mini lessons, announcements, physical activity breaks and key messaging strategies

are ways schools can integrate physical activity and nutrition throughout the school day. Specific strategies and success stories from schools served will be shared throughout this session. The power of youth voice and choice in fostering behavior change will also be highlighted. This session is designed for participants to learn new, easy, and creative ways to engage students in physical activity and nutrition education during the school day.

Session Type: Oral - SH Advocacy Policy

Session Title: Elevating beyond programming: Using Policy, System and Environmental changes to promote healthy school environments

Session Number: H2

Submitting Authors: Chris Stewart

Co-Authors: Raschell Downer

Authors Bio: Chris Stewart has worked in the school sector of public health for over 15 years. He is a Certified Health Education Specialist (CHES) and has served as a Board member for the Georgia Association for Health, Physical Education, Recreation & Dance. He has served on the Georgia Department of Education standards review committee for the Georgia health education standards. Chris has served as a PSE subject matter expert in helping to create a competency based training system to support SNAP-Ed networks. In his current role, he oversees the implementation of the Elementary HealthMPowers multi-year program in over 100 schools across Georgia. Chris provides guidance and oversight to school health teams for the improvement of nutrition and physical activity programming. His current work includes providing technical assistance and training to schools to successfully implement PSE changes.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: Differentiate between policy, systems and environmental changes

Apply research based policy, systems and environmental changes to make healthier environments for students, staff and families.

Keywords: Environmental & System Change, School Health

Special Populations: Children & Adolescents, Disadvantaged Populations

Full Abstract Detail: HealthMPowers is a health education non-profit with a long history of effective implementation of school-based health education focused on nutrition and physical activity. HealthMPowers programs place an emphasis on policy, systems and environmental (PSE) changes and documented behavior change through its comprehensive multi-year program for schools. The HealthMPowers program model is designed to prepare schools to assess, plan, implement and evaluate their school health programming. HealthMPowers supports schools in establishing a school health team that will lead the school's health programming efforts. It is this key leadership group that selects nutrition and physical activity policy, systems and environmental objectives derived from a needs assessment (School Health Index), implements chosen action items, and ultimately re-evaluates the progress on an ongoing basis. In addition to the PSE work, HealthMPowers provides and trains school staff on using educational resources that promote physical activity and nutrition education. While many schools tend to make efforts to promote health initiatives, a large portion tend to solely rely on one shot programs that are carried out sporadically through the year. One way to have a more concerted approach that has longer lasting benefits and the potential to affect more individuals is to use policy, systems and environmental changes. The use of PSE changes can be implemented in a variety of

environments including those that are affected by larger societal forces, including disparities and social inequalities. When PSE's are used as an integral part of program planning and evaluation, schools can ensure they are using the best methods that are supported by research to enhance their school environment. Each year HealthMPowers participating schools are trained on PSE implementation. Last year, 96% of participating schools successfully implemented PSE changes with high fidelity. This session will cover the fundamentals of distinguishing between policy, systems and environmental changes, provide skill-building opportunities, discuss the importance of utilizing research based PSE's and share insights into how HealthMPowers supports PSE changes in schools.

Session Type: Oral - SH Advocacy Policy

Session Title: Public school comprehensive sexuality education resistance response: A playbook for all

Session Number: H2

Submitting Authors: Kelli Bourne, MPH, MEd

Authors Bio: For thirteen years I have been a health science educator at a diverse middle school in Orange County, California. I possess a Bachelor's in Health Science (option in Health Education), a California Clear Teaching Credential in Health Science, a Master's in Education, and a Master's in Public Health. I am the founder and organizer of CHYA 4 All, an entity focused on advocacy for comprehensive sexual health education and a Youth First Orange County coalition member, a group focused on advocating for LGBTQ+ youth safety, rights, and inclusion in schools throughout Orange County.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: By the end of the session the participants will be able to:

1. Identify forums for promoting and/or supporting comprehensive sexuality education in one's community.
2. Explain reasoning for comprehensive sexuality education in one's community.
3. Differentiate between sexual risk avoidance and comprehensive sexuality education programming.

Keywords: Sexual Health

Special Populations: Children & Adolescents

Full Abstract Detail: In Orange County and other areas throughout California there has been parental, school district, and elected-official opposition to a 2016 law - the California Healthy Youth Act or CHYA - mandating that all public secondary schools implement comprehensive sexuality education (CSE) programs. This pushback has been led by a small but vocal group of people in that it has undermined and even stymied the implementation of CHYA in several school districts. In response to such resistance, as well as to galvanize the 89% of California parents who support CHYA (Constantine, Herman, & Huang, 2007), a tool for parents, teachers, school administrators, and school board trustees who wish to defend all students' rights to CSE has been created.

The CHYA Playbook 4 All clarifies what CSE is and does, provides empirically-driven justification for CSE programs, dispels circulating myths, and suggests action steps for supporting compliant CSE in one's respective school district. Additionally, this playbook aims to deconstruct messages of hate utilized against the LGBTQ+ community that lie behind CSE resistance. Furthermore, the Playbook 4 All also aims to inform and motivate parents, students, and school district personnel to advocate for CSE implementation in their community on behalf of all students, including LGBTQ+ youth.

In partnership with Planned Parenthood of Orange and San Bernardino Counties, the Playbook 4 All has been distributed to teachers, administrators, and school board members at school-focused forums that

educate about CHYA and CSE. Additionally, the Playbook 4 All has been distributed to parent communities who reside in school districts where CHYA implementation has been undermined or blocked altogether. The intention is that this playbook will be utilized far and wide, as a lack of CSE implementation in the United States is commonplace despite a vast majority (93%) of parental support (Kantor & Levitz, 2017).

Session Type: Oral - Borderlands & Health Equity

Session Title: Health Promotion resulting in Community-driven environmental modifications in a U.S.-Mexico border community to address substance use disorder (SUD), HIV and related disparities

Session Number: H4

Submitting Authors: Rebecca Gallegos

Co-Authors: Isaac Duran, Joao Ferreira-Pinto, Joy Diana Leos, Dr Thenral Mangadu

Authors Bio: I have a Master's of Public Health and have been the Program Coordinator and a co-investigator in the Mujer Saludable, Familia Feliz program (the focus of this abstract) since January of 2017. From this date, I have been organizing the implementation of all program activities, and have been working in the areas of substance use, HIV, sexual health, nutrition, and violence prevention in the U.S.-Mexico border region and surrounding communities. No conflicts of interest.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session the participant will be able to:

- Identify at least two health disparities that are shaped by substance use disorder.
- Identify at least three structural factors that increase substance use risk and negative consequences in minority and/or low-access communities.
- Analyze two environmental modifications that can be implemented to better reach low-access communities through health education related to substance use and HIV prevention

Keywords: Community Health, Minority Health, Women's Health

Special Populations: Minority Populations, Women

Full Abstract Detail: El Paso County, TX, (81% Hispanic, 6.27% unemployed, 50.8% female, 32.5% without insurance, more than 30% living below the poverty level) located on the U.S.-Mexico border and adjacent to Cd. Juarez, Mexico, is a High Intensity Drug Trafficking Area (HDTA). Low access to care, unemployment, immigration status, language barriers, local substance use norms, gender roles and easy access to drugs shape substance use disorder (SUD) risk, consequences and treatment outcomes in local priority communities. Heroin, amphetamines, alcohol and opioids have been observed in use. The Mujer Saludable, Familia Feliz program (SAMHSA Grant 1H79TI080065-01, 09/2016-09/2019) holistically addresses SUD and related disparities of HIV/AIDS, Hepatitis C (HCV), violence and mental health among women ages 18 and above in El Paso, TX through community-based partnerships (Aliviane, Inc. The Center Against Family Violence, and The City of El Paso Department of Public Health). Interventions delivered through Trauma Informed Approach (TIA) and community health workers engagement include comprehensive screening, and trauma informed care for SUD prevention, treatment and recovery, violence, HIV prevention, and mental health. Through the engagement of community stakeholders and delivering regionally relevant health promotion across the continuum of care, environmental changes have been made, focusing on increasing access to services, reducing stigma to accessing available

mental health, SUD and HIV services while addressing the food insecurity and trauma in the priority communities. Mixed methods evaluation through pre and post tests, focus groups, and GPRA surveys indicate (i) service delivery reached: 1,268 (HIV) and 1,122 (HCV) tests, 1,304 risk assessment screenings, 248 client intakes for treatment and support services, and (ii) knowledge and skills gained among participants in relation to HIV/STD prevention, healthy eating, individual and bystander engagement for violence prevention, and utilizing mental health services. Evaluation findings imply the need for health promotion strategies that simultaneously address the environment in relation to structural factors/pre-determinants such as access, immigration, food insecurity, community norms for violence, prevention and treatment to effectively address SUD and its consequences in minority and/or low access communities.

Session Type: Oral - Borderlands & Health Equity

Session Title: Insights and Lessons Learned from a Community Needs Assessment of Food Access & Availability in El Paso County, TX

Session Number: H4

Submitting Authors: Mr Dennis O Nyachoti

Co-Authors: Brian Lang, Holly Mata, Ana Ramos, Dr. Alisha H Redelfs

Authors Bio: I am a Masters Public Health (MPH) student at the University of Texas at El Paso (UTEP). I hold a public health bachelor's degree with experience in community health especially on implementing and evaluating public health programs. Most of the programs I have engaged in include but are not limited to, public-private partnerships (PPP), public health emergency preparedness and response, coalition formation, and evaluation, among others. In my career, I have presented survey findings, advocacy briefs, lessons learned, and recommendations to colleagues, donors, partners, and other program stakeholders. Besides my MPH studies at UTEP, I also support evaluating obesity and food insecurity prevention programs at the Paso del Norte Institute for Healthy Living at UTEP.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the end of the presentation, participants should be able to identify at least 2 strategies to improve food access and availability that would be relevant for their community.

Keywords: Partnerships/Coalitions

Special Populations: Disadvantaged Populations

Full Abstract Detail: We share insights and lessons learned from a community needs assessment of food access and availability in El Paso, TX, and Juárez, MX. We also share stakeholder priorities that emerged from a regional food summit.

The Paso del Norte Institute for Healthy Living (IHL) partnered with The Food Trust for this project. In El Paso, the assessment included a series of maps overlaying supermarket sales, income level, and diet-related deaths. In addition, the research team interviewed a diverse group of stakeholders from different sectors and surveyed 246 residents at a variety of community events to learn more about their food environment. Following data collection, the IHL convened more than 25 stakeholders to discuss data, learn about national best practices, and identify strategies for the region.

The majority (95%) of survey participants reported supermarkets, grocery stores, or supercenters as their primary source of food. Self-reported fruit and vegetable intake were far below the recommended levels, with 63% and 55% of respondents reporting intake less than once per day, respectively. One in three survey participants reported experiencing conditions related to food insecurity within 12 months. The needs assessment maps displayed areas with higher rates of diet-related deaths and uneven distribution of supermarkets within lower-income neighborhoods indicating target priority areas for change.

During the food summit, stakeholders supported 3 primary approaches to improve access to healthy, affordable food: 1) strategies to increase SNAP participation; 2) partnerships with food retailers to provide health screenings, health education, and SNAP outreach at grocery stores; and 3) a Healthy Food Financing Initiative (HFFI) to increase healthy food retail opportunities. As a result, the In-Store Coalition and HFFI Taskforce were established. The Coalition, made up of members from 9 partnering organizations, is now coordinating program delivery and outreach in grocery stores. The HFFI Task Force successfully developed and passed a new HFFI policy in the county and launched the new program. The IHL is leading efforts to evaluate the impact of both efforts.

Comparable data were not available for Juárez, MX, therefore focus groups were used to explore food access and availability. Poverty levels were much higher in Juárez compared to El Paso. Participants noted food access challenges due to low wages and high costs of living. Government safety nets are either not available or unreliable (e.g. no programs comparable to SNAP or WIC, no federal school nutrition program). Participants also noted having to make choices between purchasing medicine or food.

A needs assessment is an integral tool particularly in the initial phase of planning public health programs. In this case, the needs assessment was combined with a stakeholder convening, which was instrumental in establishing buy-in and developing engaged working groups with shared priorities.

Session Type: Oral - Borderlands & Health Equity

Session Title: Leveraging Partnerships to Improve our Community Food Environment: Lessons Learned from a Healthy Restaurant Initiative in the US - Mexico Border Region

Session Number: H4

Submitting Authors: Sarah Ruiz

Co-Authors: Joy Diana Leos, Holly J Mata, Alisha H Redelfs, Leah D Whigham

Authors Bio: I am a registered dietitian and certified diabetes educator in the Paso del Norte region. Prior to becoming a dietitian, I completed a culinary degree at Le Cordon Bleu in Austin, Texas. I have always had a passion for helping people make healthier choices while still enjoying what they eat. I have been able to work at the local health department as part of a grant-funded program called EatWell! El Paso. Here I developed and revised both child and adult menus to meet healthier guidelines. I most recently worked as pediatric dietitian educating children, teens, and their families in areas such as nutrition and diabetes. Currently, I am pursuing my doctoral degree at UTEP in Interdisciplinary Health Sciences. I am working on nutrition and obesity-related research and developing evidenced-based community cooking programs.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: Identify at least one facilitator of restaurant participation that would be helpful in sustaining a healthy restaurant initiative in their own community.

Keywords: Environmental & System Change, Evaluation and Measurement, Health Policy

Special Populations: Children & Adolescents

Full Abstract Detail: Objectives

Interventions at the community level of the social-ecological model, such as the food environment, can positively influence health. The City of El Paso Department of Public Health established the Eat Well! El Paso (EWEP) restaurant initiative through funding from the Paso del Norte Health Foundation (2013-2017). EWEP assisted locally owned restaurants to offer healthy menu options. In this presentation, a Registered Dietitian (RD) shares her experience working with public health professionals and restaurant owners to increase participation in EWEP. We also highlight lessons learned from an implementation evaluation of the final phase of funding that will be useful for other communities striving to increase healthy restaurant menu options.

Methods

We used key informant interviews, observations, media coverage, and grantee progress reports to assess participant perspectives, program reach, and the extent to which EWEP met program objectives. We also used these data to identify barriers and facilitators to restaurant participation and program sustainability.

Results

During the final phase of the EWEP initiative, the team completed 24 new children's menus. However, restaurant participation in EWEP declined as restaurants closed or changed owners/managers. Factors that contributed to restaurant participation included: substantial and positive media coverage, an RD with restaurant experience and a flexible schedule that facilitated building relationships with restaurants, and completely redesigning menus (rather than menu inserts). Participating restaurants also perceived great value in tailored consultation with the RD and a CHES, and full financial support for menu analysis, design, and training. Barriers to participation included restaurant perception that the initiative might be related to health department food inspection, conflicts in scheduling with restaurants, EWEP staff lack of familiarity with restaurant culture, competing responsibilities for EWEP staff, and sustainability of EWEP without dedicated funding. The EWEP team developed a toolkit for anyone interested in advocating for a healthy restaurant initiative. The toolkit includes resources and guidance in nine areas: community engagement, nutrition standards and document development, assessment of possible restaurants, restaurant recruitment, menu assessment and menu redesign, marketing and promotion, nutrition education, program costs, and potential barriers/possible solutions.

Conclusions

Although our findings and "lessons learned" may not be entirely generalizable beyond the local context, they can be informative and provide guidance for other communities working to increase healthy menu options in restaurants. Our project also highlights the benefits of health professionals with diverse backgrounds (e.g., CHES and RDs) collaborating to leverage their expertise and experience to support community health.

Session Type: Oral - Borderlands & Health Equity

Session Title: Social Justice in the Borderlands: Using Agenda-setting to Improve Border Health Inequities and Impact Health Disparities

Session Number: H4

Submitting Authors: Dr. Chuck Kozel

Co-Authors: Dr. Michael T. Hatcher

Authors Bio: Served on the national Society of Public Health Education Board of Trustees, for Professional Preparation 2014, and as a House Delegate Trustee 2009. Has 45 years of experience including full-time teaching experience in professional preparation in undergraduate and graduate university public health science degree programs, and practice and leadership experience at local, state, regional, national and international levels in community health education and public health. Research interests include innovative health promotion advocacy, leadership and policy development, U.S.-Mexico border health, and healthier aging. Current research focus is on Health Promotion Agenda-Setting for health promotion advocacy, leadership and policy development for health equity. Recognized by NMSU with the Rousch excellence in teaching award, and as a distinguished faculty member for his national leadership

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: 1. Explain five innovative practice characteristics of agenda-setting for use in sustained advocacy and health promotion policy collaborations to impact border health disparities

2. Discuss the use of system level practice strategies for advancing evidence-based agenda-setting for health promotion policy advocacy to improve border health equity

Keywords: Advocacy, Health Disparities, Health Equity

Special Populations: Disadvantaged Populations, Global/International Populations, Minority Populations

Full Abstract Detail: Background: This research provides novel directions for addressing health inequities through the use of agenda-setting practices to advance advocacy and policy-driven health promotion innovations. The primary purpose of this research was to identify and describe a framework based on agenda-setting theory from the mass media and journalism fields to aid practitioners in identifying relevant issues on the community "agenda" in the U.S./Mexico border region. Methods: A bi-national interdisciplinary research team identified and interviewed 30 agenda-setters in communities on both sides of the U.S./Mexico border. Health promotion agenda-setting (HPA-S) theories guided the study, and primarily qualitative research methods were utilized to analyze transcripts taken from individual interviews. Each participant represented mass media, public, or policy affiliation. Results: Participants indicated that community members can best advocate for health care resources and health promotion innovations by creating a shared vision among community members, prior to asking for resources by understanding the priorities of those holding the pure-strings, by framing the community wants within the bounds of those priorities, and then engaging and fostering strategic partnerships with

the influential agenda-setters in their communities. Successful agenda-setting strategies and practices were identified including: developing a shared vision, alternative solutions, pre-decision systems, and strategic collaborative partnerships for increasing mass media and social media “salience” for “sustained” courses of action. Conclusions: Through application of this Health Promotion Agenda-setting (HPA-S) framework practitioners can work with community members and agenda-setters to advance social justice through focused advocacy for innovative obtainment of needed health promotion and/or health care resources. Implications: The HPA-S approach works to specify, prioritize problems, offer alternative solutions for increasing mass media and social media exposure, while setting agendas for sustained courses of action. This research provides health education/promotion practitioners and policy stakeholders direction for advancing leadership to promote improved social equity and impact border health disparities. Application examples will be discussed.

Key words: advocacy, (border) health disparities, social inequity,

Acknowledgements

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Special Populations

Disadvantaged, minority and international populations

Session Type: Oral - Art of Teaching

Session Title: Evolving Professional Preparation Programs through Constructivist Pedagogy

Session Number: H5

Submitting Authors: Meagan Shipley

Co-Authors: Dr. Elisa Beth McNeill, CHES

Authors Bio: In 2014, Dr. Meagan Shipley received her PhD in Health Behavior from Indiana University and joined the Department of Health & Kinesiology at Texas A&M University as a Clinical Assistant Professor. Dr. Shipley teaches undergraduate and graduate level courses in school and community health. She has updated several courses to incorporate high impact practices, which include service learning, writing intensive courses, capstone projects and courses, and study abroad field trips. Dr. Shipley is the faculty advisor for the health education honorary, Eta Sigma Gamma, which received the Chapter Excellence Award in 2018 and 2019 in recognition of their efforts in teaching, research, service, and advocacy. Dr. Shipley also received the Dr. Robert Snyovitz Emerging Professional Award from the American School Health Association in 2018.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session, participants will:

1. Describe examples of high impact practices in professional preparation programs
2. Examine strategies for implementing high impact practices and developing pre-service educators' professional knowledge, skills, and behaviors
3. Discuss the pros and cons of using high impact practices as the foundation for professional preparation programs

Keywords: Professional Preparation, School Health, University/College

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: Background: Professional educator preparation has evolved significantly from previous generations. The inclusion of high impact practices (HIPs) such as service learning, online portfolios, as well as field-based teaching and formal clinical teaching has set the stage for preparing educators in relevant and authentic learning environments. Trends suggest the next generation of educators need to be prepared to handle a myriad of challenges including trauma informed practices, inclusive pedagogy, and the capacity to leverage technology while maintaining a focus on student achievement. HIP methodologies provide a platform for developing pre-service educators' knowledge, skills, and behaviors to competently address the challenges of teaching they will undoubtedly face as professional school health educators.

Methodology: Learning environments based on constructivist pedagogy are designed to engage learners in creating their own understanding and knowledge through experiencing and reflecting on situations from real-world contexts. HIPs offer pre-service educators unique opportunities to learn from and be mentored by veteran educators while developing their pedagogy and classroom management skills with actual students. This presentation will describe a health education teacher preparation program that uses HIPs as the foundation for pre-service educator training. The presenters will discuss strategies for scaffolding HIPs and tips for designing authentic experiences, particularly related to online portfolio development, to address the current trends in school health education. The presenters will also discuss the pros and cons of using HIPs in professional preparation programs.

Conclusions: Teacher preparation programs have an important responsibility to develop competent educators who have the capacity to be successful in the classroom. Allowing pre-service educators the opportunity to engage in authentic learning experiences provides time to develop critical thinking, problem solving, and decision making skills, which are essential for producing proficient educators. The demand for competent educators has never been greater, and teacher preparation programs must be willing to go beyond traditional training in order to adequately prepare the next generation of school health educators to serve as catalysts for change in addressing inequities and advocating for social justice.

Session Type: Oral - Art of Teaching

Session Title: Demystifying Health Advocacy Using a Layered Approach During Undergraduate Training for Public Health Education Majors

Session Number: H5

Submitting Authors: Dr. Heidi Hancher-Rauch

Co-Authors: Dr. Angelitta Britt-Spells, Ms. Megan Standish, Dr Amie Wojtyna

Authors Bio: I have a Ph.D. in health promotion and disease prevention from Purdue University and have practiced in the field for more than 20 years. She has been a university faculty member and researcher for approximately 15 years, the last 12 of those at the University of Indianapolis. Her areas of expertise include health policy and advocacy, program evaluation, and evidence-based health promotion. She teaches courses including Health Policy and Advocacy; Program Planning, Implementation & Evaluation; and Leadership in Public Health. She currently serves as the director of the Public Health Program at the University of Indianapolis. Heidi provides professional service as the Board Trustee for Advocacy & Resolutions for SOPHE, serves on the SOPHE Advocacy Committee, is a member of the Top 10 Steering Committee, and previously served as the director of InSOPHE Advocacy for two terms.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Describe the reasons health advocacy should be actively taught in undergraduate health education programs.

Describe how one undergraduate program successfully layered advocacy skill development for public health education students throughout academic training.

Analyze ways individual health education programs might use the lessons learned here to apply within their own programs.

Keywords: Advocacy, Professional Preparation, University/College

Special Populations: New Professionals, Seasoned Professionals

Full Abstract Detail: Health advocacy is recognized as a key skill for health educators and health promotion specialists around the globe, yet those who work with the next generation of public health professionals at the post-secondary level can testify to the fear incited in students when they are asked to practice advocacy skills. Some health educators practicing in the field have also failed to engage in advocacy as well, citing reasons such as time, other priorities, feeling disgruntled with the political process, and not believing efforts will make a difference (Everhart et al., 2015). More recently, researchers have begun investigating the advocacy-related training received in professional preparation programs as a way to seek potential avenues for increasing health advocacy skills. Interestingly, a recent study by Everhart et al. (2015) reported that over 75% of participants stated they participated in various advocacy-related activities personally, but only 34.8% of university faculty stated they received college-level training on health advocacy. Further, less than 40% were somewhat or highly confident in their

abilities to effectively teach advocacy or public policy related content to their current students. This demonstrates that there is a potential lack of preparation and education in advocacy among college programs. To address these concerns, faculty at a Midwestern U.S., mid-sized, private university made a conscious decision to thread health advocacy competencies throughout the undergraduate public health program. Students are first introduced to advocacy at the 200-level with simple social media messages. At the 300-level more specific course assignments and group projects are introduced. Lastly, more advanced training follows the 400-level with a specific advocacy and policy course, and multiple opportunities to engage in higher level advocacy practice. To gauge effectiveness of this method, an online questionnaire measuring attitudes toward and practice of advocacy skills was shared with students at the beginning and end of their academic program. A total of 25 public health students participated in the questionnaire and were followed from their entry into the program to their program completion between 2014 and 2018. Overall, students reported an increased likelihood to practice advocacy in most instances. Over 90% said they were very likely or likely to analyze the impact of existing and proposed policies on health, analyze factors that influence decision-makers, tailor messages to influence health behaviors or advocacy efforts of priority populations, and advocate for health-related policies, regulations, laws, or rules. A layered approach to advocacy skill development, similar to the one employed here, in undergraduate public health and health education programs is one possible way to increase comfort levels with and intentions to practice health advocacy in the next generation of professionals.

Session Type: Oral - Art of Teaching

Session Title: Formative Assessment: A Powerful Process for Improving Learning

Session Number: H5

Submitting Authors: Dr. Rebecca L Foco

Authors Bio: Rebecca Foco, PhD/MCHES® serves as an Associate Teaching Professor in the Department of Public Health in the Zuckerberg College of Health Sciences at the University of Massachusetts Lowell (UML). In addition to teaching a variety of public health and health education/promotion courses, Dr. Foco serves as the Undergraduate Program Coordinator for the BS in Public Health program and has overseen a significant revision of the curriculum for that program. Dr. Foco has won several teaching and advising awards during her tenure at UML and has served as a college teaching fellow.

Dr. Foco has presented work on teaching and learning at national and international teaching conferences.

Dr. Foco earned her Ph.D. in Education with a Concentration in Health Education and Promotion from Virginia Commonwealth University.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: 1. discuss the benefits of using formative assessment in their health education courses
2. incorporate formative assessment processes into their health education courses

Keywords: Career Development/Professional

Special Populations: New Professionals

Full Abstract Detail: Formative assessment (FA) is one process that can be employed in the health education classroom to enhance learning. FA can be described as assessment for learning. Black and William (1998) define FA as “all those activities undertaken by instructors and their students [that] provide information to be used as feedback to modify the teaching and learning activities in which they are engaged” (p. 7).

There is strong evidence that FA can have a positive impact on both student learning and teaching practice. Malhberg (2015) found improvement in students’ ability to self-regulate their learning when FA practices were employed in the classroom. Stull, et al. (2011) found that the presence of FA was the key variable for improving performance regardless of the specific format (high-tech, low-tech), or class characteristics (size, level). Additionally, Kuiper et al. (2015) found that approach by the instructor (formal or informal) was not a factor in the efficacy of FA. These findings suggest both the importance and flexibility of FA for use in the health education classroom.

This workshop will (1) explore the definition of FA and ways in which it can be used, (2) discuss the rationale for the use of FA in health education courses, and (3) present a variety of specific methodologies for implementing FA in the classroom, (4) practice some of those methods, and (5) guide participants in developing specific approaches to bring to their own classes.

First, the section of the workshop will focus on the definition and benefits of using FA in the classroom, beginning with determining participants' prior knowledge of FA through Rothstein and Santana's (2014) Question Formulation Technique (QFT). This process has many applications; however, this session will emphasize and model its use in FA. The next segment of the session will discuss the definition of FA and the differences between some often-confused terms—FA, summative assessment, and active learning. This section will conclude with a conversation around the benefits of FA. These benefits that can lead to improved learning include enhanced self-regulation, increased student retention, improved metacognition. Additionally, FA has been shown to increase instructor effectiveness.

The second section of the workshop will discuss specific types of FA and ways in which they can be implemented in health education classes. These types include student self-assessment, peer assessment, instructor feedback, informal classroom activities, and technologically-enabled FA.

The last section of the workshop will guide participants through a small group activity in which they discuss specific ways in which they might apply FA processes in their classes. Also, these small groups will discuss ways in which instructors can model FA for their students as future health education specialists and teachers.

Session Type: Oral - SH Nutrition & Physical Activity

Session Title: Read by 3rd: A Model to Promote Parental Involvement, Healthy Eating, and Reading Proficiency

Session Number: I1

Submitting Authors: Dr. Elisa Beth McNeill, CHES

Co-Authors: Caitlin Holden, Meagan Shipley

Authors Bio: Dr. Elisa Beth McNeill is a Clinical Associate Professor in the Department of Health and Kinesiology at Texas A&M University [TAMU]. Serving as the Coordinator of the Health Education Teacher Certification Program. Beth is a 30 year teaching veteran having experience in K-12 and higher education. She possesses her masters' degree and Principals Certificate in Educational Administration and a PhD in Health Education. She is a co-author of the textbook, Health Education: Creating Strategies for School and Community Health. She has serves on the Board of ASHA and Eta Sigma Gamma.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Describe the importance of promoting positive health behaviors through parent/caregiver engagement.

Explain how training parents/caregivers to be home educators supports the Whole School, Whole Community, Whole Child model.

Keywords: Community Health, Empowerment, Partnerships/Coalitions

Special Populations: Children & Adolescents, Minority Populations

Full Abstract Detail: The research is clear: if children cannot read proficiently by the end of third grade, they face daunting hurdles to success in school and beyond. Adults who lack proficient reading skills are more likely to suffer from poor health, less likely to vote, and less likely to promote reading readiness in their children (Duchouquette, Loschert & Barth, 2014). Children's health behaviors and outcomes are highly influenced by parents and caregivers (P&C), making their engagement essential for supporting children's successes in the classroom and their overall health and well-being. Children learn through observation, making it crucial to equip P&C with the requisite knowledge, attitudes, and skills to promote healthy behaviors. P&C who are well-informed are more likely to implement sustainable future health practices within the home environment.

School efforts to promote learning and health among students have been shown to be more successful when P&C are involved; research emphasizes P&C engagement as positively correlated to academic achievement with the most effective practice being integrating learning activities at home.

Read by 3rd is an educational outreach program built on the premise that P&C engagement is vital to children's academic, emotional, and social success. Read by 3rd focuses on empowering P&C with instructional strategies to engage children in the learning process. Within the program, topics include reading, listening, and storytelling as well as interactive activities for nutrition and healthy eating.

Specifically, the content related to healthy eating is provided using a “train the trainer” model where P&C are provided instruction on how to use engaging and hands-on activities to teach their own children strategies for healthy eating.

This session will highlight a collaborative partnership between university professors and a local school district to promote reading proficiency and healthy eating strategies through P&C engagement. Discussions will focus on the role of the health education team in planning and implementing multiple trainings for P&C to teach healthy eating activities at home. Presenters will demonstrate portions of sample activities and discuss how the training directly supports the Family Engagement and Community Involvement components of the Whole School, Whole Community, Whole Child model. Lessons learned and recommendations for future programming will also be shared.

Session Type: Oral - SH Nutrition & Physical Activity

Session Title: Preliminary findings from a text message strategy to improve sugar-sweetened beverage behaviors among rural middle school caregivers

Session Number: I1

Submitting Authors: Annie Loyd

Co-Authors: Dr. Philip Chow, Brittany McCormick, Dr. Kathleen Porter, Dr. Lee Ritterband

Authors Bio: Annie Loyd is a registered dietitian nutritionist and certified health education specialist with a background in public health and nutrition. Annie received a Master of Public Health from Virginia Tech in 2017 with a concentration in public health education. She is a member of the Delta Omega Honorary Society in Public Health, Delta Mu chapter. Annie has experience in program evaluation and theory-based interventions targeting individual, community and environmental levels to improve health and nutrition outcomes. She currently works in the Department of Public Health Sciences at the University of Virginia School of Medicine as a program coordinator and educator for the NIH funded Kids SIPsmartER trial (R01MD012603).

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: Discuss the application of health behavior theory to construct text messages aimed at improving health behaviors in rural communities. Describe opportunities and limitations of engaging caregivers in text messaging interventions designed to support classroom curricula.

Keywords: Behavior Change/Theories, Rural Health, Technology

Special Populations: Children & Adolescents, Disadvantaged Populations

Full Abstract Detail: Background: The intake of sugar-sweetened beverages (SSB) is disproportionately high among adolescents and adults in the southwest Virginia region of Appalachia, and poses a serious public health concern. While schools provide the greatest reach for adolescents, many school-based interventions fail to target caregivers, who are critical in supporting improvements in SSB behaviors. Innovative methods are needed to maximize caregiver reach and engagement and overcome barriers faced by those living in rural areas. Kids SIPsmartER is a school-based intervention aimed at improving SSB behaviors among middle school students and integrates a text message strategy to engage caregivers. This research highlights preliminary results from the text messaging strategy, including changes in SSB intake and caregiver engagement and experiences. Methods: Caregivers from two middle schools were invited to enroll in a 6-month text messaging intervention targeting SSB behaviors. Text messages were grounded in the Theory of Planned Behavior and linguistic theory and mirrored an evidence-based, theory-driven curriculum delivered in the classroom. Text message types included caregiver self-report of their SSB intake and their student's SSB intake with personalized feedback, educational messages, and personalized strategy messages to support behavior change. Caregivers received messages twice a week with assessment messages every five weeks. At the end of the intervention, caregivers completed paper exit surveys and 15 caregivers were invited to participate in a qualitative interview. Results: Of 264 eligible caregivers, 94 (36%) enrolled in the intervention. Text

messaging response rates at baseline, week 5, week 10, week 15 and week 22 were 95%, 80%, 76%, 77%, and 83%, respectively. From baseline to week 22, significant decreases in the number of times SSB were consumed per day were reported among caregivers (-0.3, SE=0.06)($p<0.001$) and their students (-0.2, SE=0.05)($p<0.001$). In the exit surveys (n=74), 79% of caregivers reported making a SSB change and 90% planned on keeping up with their SSB changes. Strategies to improve SSB behaviors included choosing a healthier alternative (44%) and purchasing fewer SSB (30%). Reported benefits included having a new awareness about the risks of SSB (27%), gaining knowledge to make better choices (23%), and feeling better with improved health and weight loss (14%). Qualitative interviews revealed overall positive experiences with the text messaging program and caregivers reported high satisfaction with the frequency of messages. Caregivers also reported making changes as a family and increased communication about SSB with their student and other family members. Conclusions: Findings demonstrate positive caregiver experiences, high response rates, and potential for text messaging interventions to improve SSB behaviors in underserved rural communities. However, strategies to increase overall caregiver enrollment are needed.

Session Type: Oral - SH Nutrition & Physical Activity

Session Title: Changing Minds and Plates: Farm to Early Care and Education in Georgia

Session Number: I1

Submitting Authors: Abbie Chaddick

Co-Authors: Gina Cook, Wande Okunoren-Meadows

Authors Bio: Abbie King Chaddick, RD: Abbie is a Registered Dietitian Nutritionist and oversees Georgia Organics' nutrition programming for Georgia early care and K-12 educators, administrators, nutrition staff, and community advocates.

Gina Cook is the Nutrition ECE Specialist in Nutrition and Health at Quality Care for Children, where she manages Chefs for Young Children and Farm to Early Care and Education quality improvement initiatives. Gina previously owned and operated early learning centers in Georgia.

Wande Okunoren-Meadows is an administrator at Little Ones Learning Center. She was appointed by Georgia Governor Nathan Deal to serve on Georgia's first Early Education Subcommittee from 2015 – 2016 and received the 2017 Nikki Randall Servant Leadership Award. Okunoren-Meadows has transformed Little Ones Learning Center into a garden-based education center for the center's 175 students.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: 1. Participants will be able to define farm to early care and education and provide evidence backed support for its use as a framework to create nutrition programming focused on community assets and resources. 2. Participants can replicate three simple farm to early care and education activities to engage families, childcare staff, and early care children at child care sites or community sites serving early learners (ages 0-5).

Keywords: Child/Adolescent Health, Environmental & System Change, Nutrition and Obesity Reduction

Special Populations: Children & Adolescents, Minority Populations

Full Abstract Detail: In this dynamic workshop, presenters from a diverse collaborative will share their experiences implementing locally focused nutrition education programming with low income childcare sites. Hear from a current early care center administrator, a technical support coordinator, and a dietitian on how to engage early learners and the people that care for them in eating healthy foods and gardening. Attendees will discover how farm to early care and education (ece) is an evidence-based strategy to use community assets and resources to provide relevant and integrated nutrition education in child care sites.. A framework for how farm to ece has been imbedded strategically in Georgia through the W.K. Kellogg Foundation funded Georgia Farm to Early Care and Education partnership will be provided. The presenters will detail how the Georgia partnership has engaged child care center administrators, staff, and families in changing minds and perceptions about local food, nutrition, and gardening through CACFP and curriculum based best practices. Presenters will share why farm to ECE works, the impact from the program's comprehensive evaluation, and tips for working with centers and

diverse partnerships. The session will include hands-on exploration of farm to early care and education activities to engage families, childcare staff, and early care children in their communities. Participants will explore simple and easily replicable lessons for gardening and food-based learning.

Session Type: Oral - College Health

Session Title: Filling the Missing Gap in Utah's YRBSS Data: Assessing the Sexual Knowledge, Attitudes and Behavior of College Students

Session Number: I2

Submitting Authors: Dr. TeriSue Smith-Jackson

Co-Authors: Dr. Mary V. Brown, Dr. Matt Flint, Dr. Merilee Larsen

Authors Bio: Dr. Matthew Flint, Ph.D., MS. has been teaching at the university level for over 20 years. He currently teaches a variety of classes (social marketing, stress management, nutrition, grant writing, etc.) at Utah Valley University where he has been for the past 9 years. In addition to his experience teaching public health classes, he has served as the president of the Health Education Association of Utah. Also, he has been active in giving presentations, writing grant proposals and in publishing. His research has included the following subjects nutrition, angry driving, body image, dieting, fire fighters, and religious well-being.

Chosen Sub-theme: Changing Approaches: Emerging Issues in Research Translation and Implementation

Objectives: By the end of the presentation, participants will be able to identify sexual behaviors of young adults in Utah not previously documented in the YRBSS.

By the end of the presentation, participants will be able to analyze assessment findings and assess social, environmental, and political conditions that may impact health education.

Keywords: College Health, School Health, Sexual Health

Special Populations: Children & Adolescents, Young Adults

Full Abstract Detail: Current laws in Utah prohibit the Sexual Behavior section of the Youth Risk Behavior Surveillance System (YRBSS) to be administered in public schools, resulting in an absence of data about sexual behaviors of Utah youth. This lack of quality data has led to a more emotional, rather than research-based legislative response. The purpose of this study was to use data from college students to give a more research-based, accurate perception of sexual knowledge, attitudes and behaviors of Utah youth.

Freshmen and sophomore college students, who had attended high school in Utah and were between ages 18-21 were recruited to take a 75-question IRB-approved online survey, which contained questions from the YRBSS and ACHA-NCHA, as well as ideas from literature. In collaboration with the university research team, a random sample of students were contacted via email, inviting them to participate in the study. This process was repeated each year for three years to increase sample size to 860 participants who met the inclusion criteria.

Almost half of participants identified that they had ever had sexual intercourse (vaginal, anal or oral). Over a third (36%) of these individuals had their first sexual intercourse experience before age 17, and just under a third (31%) had three or more sexual partners at the time of the survey. When assessing

recent sexual behavior (last 30 days), 28% had oral sex (with only 8% of those using protection), 28% had vaginal sex (59% using protection), and 5% had anal sex (44% using protection).

As they evaluated their school sexuality education experience, participants ranked higher quality education for topics of STDs, Abstinence, Anatomy, and HIV, with the lowest quality ratings going to Contraception, Condom Use, Homosexuality, and Abortion.

Participants ranked the quality of their sex education from sources other than school, on a likert scale of 0-5. Friends and the Internet tied for the highest quality education, followed by Parents, Television, Movies, Church, and Magazines. In fact, 32% of students ranked the quality of sexuality education that they received from their parents as none, extremely poor or poor. Despite this, students ranked Parents as the most important source of sexuality education, followed by School and Friends.

With both school and parental education lacking, sexual knowledge among this population was concerning. Only 47% of students correctly identified the timing of ovulation. Just over half correctly identified condom information, and 65% knew the hormones contained in a typical combination oral contraceptive pill.

The results from this study indicate a problematic dyad of sexual behavior without adequate sexual knowledge. The Utah youth appear to be sexually engaged at a rate similar to national statistics, but without the sexual knowledge to make safe and healthy choices. The students believe sex education should come from parents and teachers, despite poor quality and content.

Session Type: Oral - College Health

Session Title: Sustain-a-BULL Future: A Program to Reduce Food Waste Generated by Undergraduate Students at University Dining Halls

Session Number: I2

Submitting Authors: Melissa Miller

Co-Authors: Kyle Marie Jacobsen

Authors Bio: Melissa Miller and Kyle Marie Jacobsen are recent graduates from the University of South Florida. They have each earned a Master of Public Health degree with a concentration in Public Health Education, as well as their CPH and CHES certifications.

Chosen Sub-theme: Changing Perspectives: Leveraging Sectors, Engagement and Partnerships

Objectives: By the end of the session, the participant will be able to list 3 best practices to establishing successful partnerships during the program planning process.

By the end of the session, the participant will be able to identify 4 personal determinants to consider when developing performance objectives for program adoption, implementation, and maintenance.

Keywords: Partnerships/Coalitions, Program Planning, University/College

Special Populations: Young Adults

Full Abstract Detail: The Sustain-a-BULL Future program was developed as a collaborative effort to target and measure undergraduate student food waste behavior in all-you-care-to-eat university dining facilities. Current estimates report that all-you-care-to-eat type dining halls contribute 80% of the 22.6 billion pounds of food waste generated by university campuses each year in the United States. This service-learning project aimed to establish an evidence base in support of the University of South Florida (USF) Campus Food Waste Recovery Project, a food waste reduction and recovery initiative led by cross-sectoral collaboration between students, faculty, administration, and community members. The Sustain-a-BULL Future program's mission was to create a more sustainable campus and conscientious student body through piloting an educational initiative, community action, and collaboration with USF Dining Services, Aramark, and the USF Campus Food Waste Recovery Project. USF Dining Services hoped this mutual effort of partnering with a service-learning project would increase student support for their existing sustainability efforts.

Intervention Mapping was utilized to guide the promotion of community partnerships and program planning. This included the initial development a logic model to identify partners and program champions. Community partner meetings were a critical component in the development of program goals and objectives and were conducted consistently over the planning period. A matrix for program use was constructed during the planning process, which focused on personal determinants related to performance objectives for program adoption, implementation, and maintenance. Adoption outcomes for program use targeted creating awareness, support, and reinforcement of the Sustain-a-Bull Future program among USF Dining Services and Aramark. Implementation outcomes centered on piloting the program and receiving feedback to modify the program prior to full-scale implementation. Maintenance

objectives focused on institutionalization and expansion of the Sustain-a-BULL Future program within multiple campus dining halls as part of a campus sustainability initiative.

This program planning experience demonstrated that best practices regarding forming effective partnerships for education program interventions include early connection and inclusion of partners in the planning process, establishing clearly defined goals, objectives, and roles in the program, and fostering clear communication among the various partners. Program planning efforts in the development of the Sustain-a-BULL Future program benefited the community partners and aligned with their goals and objectives. The partnership development with USF Dining Services and Aramark was critical to the success of planning and developing the program, and the data analyzed in this pilot program implementation will be utilized to support future initiatives by the USF Campus Food Waste Recovery Project.

Session Type: Oral - College Health

Session Title: Using Stories of Student Food Insecurity to Support and Advocate for Change on a College Campus

Session Number: I2

Submitting Authors: Caile E. Spear

Co-Authors: Ms. Jessie Dexter, Ellen Schafer

Authors Bio: Caile Spear's teaching and research interests focus on student learning, health promotion programming, service-learning, and applied-learning. For 23 years she has been the main advisor for the public health major and students share tell her their life stories. She spent four years living on campus with students and learned how their lives are impacted by the rising costs of education and their lack of adequate resources. She attended the 2018 REAL College conference and is on the Student Basic Needs Summit executive planning team. Dr. Spear, her service-learning students, and interns conducted food drives, researched community stakeholders, secured funding for the Student Basic Needs Summit, and surveyed other colleges to determine best practices in meeting student basic needs.

Chosen Sub-theme: Changing Systems: Policy, Advocacy, Communications

Objectives: By the end of the session, the participant will/be able to describe how these researchers gathered and used student stories to contextualize #REAL College health data.

By the end of the session, the participant will/be able to identify one example of how the student's stories were used in the Student Basic Needs Summit strategic planning process.

Keywords: College Health

Special Populations: Mid-Career Professionals

Full Abstract Detail: Recent estimates indicate that approximately half of US college students experience some form of food insecurity (FI). "Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, or the ability to acquire such foods in a socially acceptable manner." (CUFBA 2019) Food and housing insecurity among college students are associated with poorer health outcomes and diminished academic achievements. Our campus 2018 #REAL College data revealed that 36% of students had experienced food insecurity in the past 30 days. The 2017 United Way Community Assessment of the surrounding county found, 17.4% of children and 14.2% of adults were food insecure. The student rate of food insecurity is more than double that of the county. In the spring and summer of 2019, researchers recruited and interviewed students who self-identified as being food insecure. The participants were led through a series of short prompts to help them begin telling their story and experiences of living as a student with food insecurity. Students described how FI impacted their self-efficacy, life, family, friendships, and academics. The purpose of this study was to gather qualitative data and student narratives to provide depth to our #REAL College survey findings. The goal of this work was to understand why and how food insecurity happens among students. It is essential to identify gaps in services that can be addressed on campus and in the community to improve food security. Ultimately, the stories gathered can inform campus and community strategic planning

efforts to engage and support students through graduation. Students should strive to succeed, not struggle to survive.

In this session, we will share excerpts of student's food insecurity stories along with a description of current Student Basic Needs strategic campus-wide partnering, planning, and advocacy changes occurring at our university and in the community. We will outline the benefits of storytelling as a research method to provide direction to a strategic planning process, ultimately influencing campus programs, funding, and policies to support food insecure students.

Storytelling is a powerful tool for activating people to mobilize around a cause, as a story can be substantially more impactful than a report full of statistics. Capturing their stories provides a more in-depth look into the struggles they experience with food insecurity. As a result of this session, health educators will be able to describe how to gather and use stories from a priority population to contextualize health data and advocate for better funding, policy change, or justify health promotion programming efforts.

Session Type: Oral - Fatherhood

Session Title: Pedagogical approaches for incorporating “fatherhood” into professional development and training for public health professionals for overall family health promotion

Session Number: I3

Submitting Authors: Dr. Christine T Bozlak

Co-Authors: Dr. Rachel de Long

Authors Bio: Christine T. Bozlak, PhD, MPH, is an associate professor in the Department of Health Policy, Management, and Behavior at the University at Albany School of Public Health. Dr. Bozlak co-directs the Maternal and Child Health Program at the SPH, and she has implemented and evaluated all the pedagogical approaches that are the focus of this presentation.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: -Discuss the importance of focusing on health promotion for fathers in the context of overall family health and well-being.

-Describe three ways an academic institution can prepare public health professionals, especially health educators, to prioritize health promotion interventions for fathers.

Keywords: Family Health, Maternal & Child Health, Men's Health

Special Populations: Men

Full Abstract Detail: Introduction: Maternal and child health (MCH) promotion has been a primary focus of public health, and specifically health education. MCH often takes a family-focused approach. However, there is evidence that if any member of a family is unwell, the entire family's health can be compromised. Fathers play important roles within the family, and their roles are increasingly shifting to being more actively involved in caregiving. Emerging evidence exists to demonstrate that a father's health has a profound impact on their partner and children. Thus, it is critical that public health professionals, especially those working in health promotion and health education, are trained to understand the unique health promotion needs of fathers, as they relate to overall family health promotion and well-being.

Description: This presentation will include a detailed description of the University at Albany Maternal and Child Health Program's pedagogical approaches to integrating fatherhood and health promotion interventions for fathers into foundational MCH coursework for public health students. These approaches include: a course book club and discussion with fathers; an interview and exhibit project detailing father's perspectives of their health needs; and incorporating fathers, fatherhood experts, and discussion of fatherhood issues and research in course readings and lectures. The presentation will also include student feedback regarding these pedagogical approaches.

Lessons Learned and Recommendations: The presentation will conclude with specific recommendations on how to incorporate “fatherhood” and the health promotion of fathers into public health academic

programs and courses. It will also include recommendations on additional ways to continue to receive professional development on this topic as a public health professional beyond the academic institution, as well as reflections on how the public health workforce, and specifically those working in health education and health promotion, can improve our incorporation of this important priority population in our public health efforts.

Session Type: Oral - Fatherhood

Session Title: Like Father, Like Son: The Influence of Fathers on Young Black Men's Health Seeking Behaviors

Session Number: I3

Submitting Authors: Dr. Ashley White Jones

Co-Authors: Dr. Antonio Gardner

Authors Bio: Dr. Ashley Jones is Clinical Assistant Professor at Mississippi State University and Executive Director of the Community Health Improvement Network. She holds an MPH (Jackson State University) and PhD from The University of Alabama. Her research focuses on health equity and social justice, specifically in African Americans.

Dr. Antonio J. Gardner is an Assistant Professor of Health Promotion in the Department of Food Science, Nutrition, and Health Promotion at Mississippi State University. His research interests are in health equity with a focus on rural African Americans. His current research examines the risky sexual behaviors and readiness of rural African American men to participate in barbershop-based HIV prevention programs.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: By the end of the session the participant will be able to identify the intersectional influences of young, rural African American men's ability to seek care.

By the end of the session the participant will be able to use qualitative data to examine barriers and facilitators to access to care for young, rural African American men.

Keywords: Access to Health Care, Men's Health, Rural Health

Special Populations: Men, Minority Populations, Young Adults

Full Abstract Detail: African American men's preventive health usage is determined by a multitude of factors such as age, race, income, and access to care. Additionally, the support of family and friends may influence men's decisions to seek care. Though African American men receive support from female family and friends, support from male family and friendship networks may be paramount to decisions to seek care. However, little is known about the male-to-male social support and influence among younger African American males. The purpose of this study was to present findings on influence of fathers within the male-to-male social network of African American men ages 18-34.

The data presented in this study emanate from a larger study exploring the social and cultural factors that influence the use of preventive health services among this population. Purposive sampling was used to recruit 10 rural African American men. The data presented were obtained primarily from the following questions that focused on the intersectionality of gender, age, class race on perceptions of the healthcare system, the past involvement of fathers in health seeking behaviors, and other male

influence on health seeking behaviors. Narrative inquiry and thematic narrative analysis were used to develop codes and themes for the interpretation of the qualitative data.

Results: Stories from five of the ten participants are presented in this study as their narratives illustrate the influence of fathers as members of the social networks and their health seeking behaviors in the utilization of preventive health services. This process yielded three themes: Diagnosis of Male Family Member, Early Involvement of Fathers in Care, and Support in the Transition to Adulthood.

This research provides evidence for the development of peer-support interventions, especially within father-son relationships, to increase linkages to healthcare services among rural African American men.

Session Type: Oral - Fatherhood

Session Title: Preparing Professionals to Engage Fathers: Father-Inclusive Education as a Catalyst for Change

Session Number: 13

Submitting Authors: Latrice Rollins

Co-Authors: Dr. Tasha Alston

Authors Bio: Latrice Rollins is an Assistant Professor at Morehouse School of Medicine (MSM) in the Department of Community Health and Preventive Medicine and Adjunct Faculty for the Simmons School of Social Work. Dr. Rollins is also a Robert Wood Johnson Culture of Health Leader, seeking to build a culture of health and advance social and health equity for African American fathers. She worked for Georgia's Office of Child Support Services and the Georgia Fatherhood Program. She presents at state and national conferences on father engagement and provides father engagement training for practitioners in various sectors. She is the editor and one of many authors of the upcoming book, *Engaging African American Fathers: Strategies and Lessons Learned*. She has also developed publicly accessible policy briefs, newsletters, and white papers on engaging fathers.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session, the participant will/be able to describe the importance of father engagement and embracing a father-inclusive framework in education, practice and research.

By the end of the session, the participant will/be able to utilize tools and techniques to enhance learning/teaching on father engagement, facilitate discussions on father engagement, and improve practices/systems for effective father engagement.

Keywords: Career Development/Professional, Parenting, Professional Preparation

Special Populations: Men, Mid-Career Professionals, New Professionals

Full Abstract Detail: Positive father engagement plays an important role in improving child and family health outcomes and strengthening communities. However, a significant amount of education, research, and practice is biased against fathers and primarily focuses on mothers. As a result, students, researchers, educators, and practitioners have a limited understanding of the importance of father engagement and how to effectively develop education activities that facilitate discussions and implement effective interactions that enhance father engagement. This workshop will share tools, techniques, and lessons learned that will help expand the capacity of students, educators, researchers and practitioners to embrace father-inclusive practices and champion cultural changes within educational and health systems.

Session Type: Roundtable: Serving Learning

Session Title: High Impact Practices and Service Learning Experiences in Undergraduate Curricula to Gain Mastery of Responsibilities and Competencies for Health Education Specialists

Session Number: I4

Submitting Authors: Charity Bishop

Co-Authors: Lisa Yazel-Smith

Authors Bio: Charity Bishop, CHES, is a Lecturer and the Program Director for the BSPH in Community Health at the Richard M. Fairbanks School of Public Health at Indiana University in Indianapolis (IUPUI). She has practiced in the field for over 20 years, including work in community organizing and capacity building, community assessment, nonprofit management, healthy aging, and worksite health promotion. She teaches courses in program assessment, planning, implementation, and evaluation; community organizing and building, and career preparation in public health. She currently serves as the Indiana delegate to the SOPHE House of Delegates, and on the SOPHE Advocacy and Professional Preparation Committees. She is a member of the Top 10 Steering Committee, and the InSOPHE Board of Directors.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session, the participant will be able to assess the application of the six models of service learning in undergraduate coursework.

By the end of the session, the participant will be able to analyze ways high-impact practices and service learning could be applied within their own curricular structures to increase student mastery of NCHEC's Responsibilities and Competencies for Health Education Specialists.

Keywords: Career Development/Professional

Special Populations: New Professionals

Full Abstract Detail: An undergraduate BSPH in Community Health curriculum that comprehensively integrates all levels of evidence-based high-impact educational practices (HIP) is being designed to achieve the highest outcomes in student engagement, learning, and retention. As research shows that HIPs deepen learning and retention, the goal is to maximize opportunities for students to engage in HIPs throughout their required degree coursework, while using HIPs as a tool to further engage students with NCHEC's Responsibilities and Competencies for Health Education Specialists. With successful implementation, all students in the BSPH in Community Health program will experience multiple forms of HIPs and scaffolded pathways of service learning throughout the entirety of their major coursework, covering all of NCHEC's Responsibility Areas.

Following the Six Models of Service Learning (Heffernan, 2001) framework, the Pure Service Learning Model has been integrated into a 100-level Introduction to Community Health course during the past academic year. This course engages students in service to provide general exposure to the field and community health agencies through volunteering. The Discipline-Based Service Learning Model has been integrated into a 300-level Community Health course and has evolved and been evaluated over the past

3 years. This course connects students to community agencies and engages them in service to understand how agencies function, and clarify the role of volunteers in community health outcomes. The Problem-Based Service Learning Model has been integrated into a 400-level Community Capacity Building in a Global Health Context course. This course aligns students with students and community agencies in other countries to develop strategic plans to address public health problems in these developing nations. Components of the remaining 3 models of service learning (Capstone Courses, Service Internships, and Undergraduate Community-Based Action Research), exist in the current curriculum, but are being fully integrated into the redesigned curriculum during the '19-20 academic year.

As a key component of service learning is critical reflection, all service learning courses require critical reflection assignments, with reflection questions linked directly to NCHEC areas of responsibility. Additionally, course discussion and activities also connect service learning experiences with NCHEC Responsibility areas.

While some evidence-based HIPs are a part of the university's core education (ex. First-year Seminars and Themed Learning Communities), many other HIPs are often only part of the student experience if integrated into elective courses. The goal is to integrate HIPs beyond service learning into required courses for the BSPH in Community Health degree, with all HIP courses requiring connectivity to NCHEC's HES Responsibility areas, using the HIP as the key tool in each course to gain competence in the field.

Session Type: Roundtable: Serving Learning

Session Title: Service learning in the health education capstone experience: Evaluating volunteerism, civic engagement, and social change competencies through a integrative community-based participatory research curriculum

Session Number: I4

Submitting Authors: Christina Lynn Jones

Authors Bio: Christina Jones, PhD, is a tenure-track Assistant Professor in the Department of Nutrition and Health Science in the College of Health at Ball State University.. Jones' expertise and accompanying research program in health disparities and health advocacy in vulnerable populations spans across chronic disease prevention, social justice and health, and health behavior theory, using both qualitative and quantitative methodologies. Much of Dr. Jones' research productivity is contributable to her engagement with undergraduate researchers. She has worked with over 15 students in the past three years on team or individually-designed research projects, including summer undergraduate research fellowships in community-based research. At the University of Wisconsin-Whitewater, she served as an undergraduate research fellow.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session, participants will be able to evaluate the impact of practice in community-based participatory research and course-community engagement on civic responsibility and volunteerism within undergraduate, health education capstone students.

By the end of the session, participants will be able to formulate potential methods for integrating community-based participatory research and immersive learning opportunities in their own health education classrooms.

Keywords: Community-Based Participatory Research, Professional Preparation, University/College

Special Populations: Disadvantaged Populations, Mid-Career Professionals, New Professionals

Full Abstract Detail: Many undergraduate health education programs integrate a "capstone" course experience, to assess the cumulative competency of their students across those skills required of today's health educators. Of those skills includes that ability to tailor messages to specific diverse populations as well as recognize the importance of advocacy for promotion of the public's health. Little research has been conducted, however, to understand the effectiveness of community-engaged projects within these courses, particularly those that seek to build broader social and civic responsibilities within our students. To respond to this challenge, a capstone course for health education and promotion students (n = 38) implemented a unique immersive learning experience where the primary audience were community members and the health problems were selected based upon what was most relevant to the community. The particular course was assessed to better understand if involvement in the project would enhance student interest in civic engagement, social responsibility, and volunteerism. Students were asked to complete pre- and post-course self-evaluations, using the Volunteer Functions Inventory (Clary et al., 1998) and Personal Social Responsibility and Civic Attitudes Scale (Mabry, 1998). The students

completed a series of reflexivity journals where they were asked to consider their own role as a researcher when engaging in projects that impact disadvantaged communities. Following their fieldwork, the class worked together to develop and conduct a series of focus groups with community members and eventual community-directed social marketing plans. From the time of baseline assessment to the post-course assessment, there was a statistically significant increase in volunteerism scores ($t = -4.636$, $p = .000$). While the students began with moderate-high scores before the course (3.97), the post-assessment average was high (4.37), indicating that the course positively impacted student interest in volunteering. Of the highest average scores across the assessment included agreement that the community-based project helped them better understand people of different ages, abilities, cultures, or economic backgrounds (4.78) and that the community-based project increased their confidence that they can contribute to improving life in their community (4.75). When asked to indicate their level of agreement that, "social problems are more difficult to solve than I used to think," there was a statistically significant decrease in perceptions of difficulty ($t = 1.767$, $p = .088$). A statistically significant increase in scores was also observed in agreement with the statement, "I feel I can have an impact on solving problems in my community" ($t = -3.071$, $p = .005$). The results of this successful integration speak to the importance of providing students the opportunity to engage in community-based participatory research and advocacy for public health as part of their capstone experiences.

Session Type: Roundtable: Serving Learning

Session Title: Best Practices for Preparing Students for the Health Education Workforce through the Integration of Practice and Theory

Session Number: I4

Submitting Authors: Dr. Ashley V Parks

Co-Authors: Kirndee Cheema, Emily Elizabeth Gingrich, Bill O'Dell

Authors Bio: Ashley Parks, DrPH, MPH, MBA, MTech, MCHES, CPH, CPHQ, HACP, CSSBB, CPHRM, CHTS-IM, PMP, CS-MC, CPPS is an experienced health educator and health administrator. Dr. Parks currently works as an Assistant Professor in Public Health Sciences at California Baptist University (CBU) and healthcare quality consultant. Prior to her current role, Dr. Parks worked previously as a Director of Managed Care at the AIDS Healthcare Foundation and a Research Associate for the UCLA Center for Health Policy Research.

Bill O'Dell, MPA currently works as a Civic Engagement Professor with a passion for mentorship and community development. Bill O'Dell is a retired California Highway Patrolman and civic engagement project award winner who enjoys bringing real life experiences into the classroom.

Kirndee Cheema and Emily Gingrich are CBU MPH students who provided support for this project.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: 1. Understand active learning, constructivism, and adult learning approaches as tools for educating students and entry level professionals.

2. Practice translating a theoretical concept into an occupational/practice-based assignment.

Keywords: Professional Preparation, Resource Development, Workforce

Special Populations: New Professionals

Full Abstract Detail: Health Education faculty members with experience working as health educators in community or practical settings have a unique opportunity to relate theory to practice and bridge the gap between the classroom and the community. Specifically, faculty members transitioning from practice to academia as well as new faculty members with some practical experience should be leveraging realistic and timely teaching and assessment methods that approximate professional experiences and prepare students for practice. Multiple tools and approaches including active learning, constructivism, and adult learning models are available for building activities and assessments that prompt students to practice and master competencies they will use in the workplace. This presentation provides an opportunity for health education faculty and those who train community health workers to learn about and briefly practice skills for developing assignments, activities, and assessments that are based in practice and contribute to the development of students as future health educators.

This topic is relevant because it offers a set of recommendations around the use of various teaching and assessment techniques that prepare students for the public health workforce and bring to life the

theoretical concepts being shared in the classroom. The use of practice-based assignments and assessments can apply to instructors across multiple fields and settings including online and campus based educational settings. Participants will not only have the opportunity to learn about best practices in bridging the gap between theory and practice in management but will also have the opportunity to consider and practice translating a theoretical concept into an occupational/practice-based assignment.

Session Type: Roundtable: Serving Learning

Session Title: Preparing Faculty in Critical Service-Learning Pedagogy: A Justice-Oriented Model of Professional Development

Session Number: I4

Submitting Authors: Dr. Tyler Derreth

Co-Authors: Mindi Levin

Authors Bio: R. Tyler Derreth, PhD. is the Associate Director of SOURCE and faculty in the Department of Health, Behavior, and Society at The Johns Hopkins Bloomberg School of Public Health. His research concentrates on urban community–university partnerships, critical pedagogies, and social justice-oriented educational practices. He is focused on developing equitable urban university–community partnerships through service-learning and other academic practices that center marginalized voices in a critical educational environment. His work at SOURCE centers on collaborations with faculty and students as they develop community partnerships that address social issues through various academic experiences. These efforts include leading the SOURCE Service-Learning Fellows program, supporting service-learning course development, community partnership outreach, and establishing SOURCE’s research agenda.

Chosen Sub-theme: Changing Minds: The Art and Science of Teaching in Communities and Professional Preparation

Objectives: By the end of the session/program the participant will be able to outline the components of a successful professional development program that trains faculty in critical service-learning pedagogy and social justice practices.

By the end of the session/program the participant will be able to examine the outcomes of the training for instructors’ competency and confidence in service-learning theory, pedagogy, and practice.

Keywords: Partnerships/Coalitions, Professional Preparation, University/College

Special Populations: Mid-Career Professionals, New Professionals, Seasoned Professionals

Full Abstract Detail: We know, from literature in developmental theory, that learning is a collaborative process (Stetsenko, 2017). And yet, much of our graduate health education relies on lecturing. Often learning to teach by mirroring how they were taught, faculty do not usually have training in pedagogy or institutional supports for improving teaching. Without consistent training of health professional faculty in teaching or pedagogy, less innovative and effective teaching methods are unlikely to change. At Johns Hopkins University health professional schools, SOURCE (the community engagement and service-learning center) offers a professional development program that trains faculty and community leaders in a critical service-learning pedagogy based in collaboration, reflection, and social justice. Critical service-learning (Mitchell, 2008) is particularly useful in the health professions because it blends academic instruction and professional practice around projects with communities experiencing health disparities. Given its direct usefulness in teaching in the health professions, we have designed a service-learning

training model that equips faculty with the tools they need to make an equitable class that teaches students and develops public health practice with local communities.

This session will describe an institutional example of how to train faculty in more effective teaching practices, examine the most effective components of the program, and interpret the outcomes of the program for faculty. The effective program components were identified through a case study methodology using data sources from students, community, and faculty. We will discuss the design of these components and how they work together to result in the faculty-designed service-learning courses that prioritize equity and reciprocity alongside expert public health training.

An important theme running through these program components is the maintenance of an inclusive and safe community where instructors rely on each other to learn, reflect, and collaborate. This community is within tight-knit yearly cohorts who are given intensive support and training over their first year, as well as across cohorts stretching the full eight years of the program's existence. This provides for institutionalization of training and the ability for multiple levels of engagement depending on the constraints and needs of an instructor. We will also discuss how this community of scholars is integrated into the program's structural elements.

With this program we have seen an increase in long-term university/community partnerships, faculty and student engagement, and faculty comprehension of learning theories and critical pedagogies. We present a model for building an institutionalized equity-oriented public health education training in critical service-learning pedagogy, which provides instructors with the necessary tools to engage in more effective teaching while also building academic-community partnerships.

Session Type: Oral - Combatting Opioids

Session Title: Starting the Conversation: Exploring Messaging Approaches on Prescription Opioid Use and Misuse for Patients

Session Number: 15

Submitting Authors: Priscilla Fernandez

Co-Authors: Katie McCabe, Megan Trutor

Authors Bio: I am a public health research expert that leads managing, designing, and implementing research with teens and adults. My research primarily focuses on the development of tailored health education interventions that resonate with at-risk audiences. In regards to the current abstract, I led the development of the instruments and guiding the recommendations for insights that would help guide messaging strategies for an opioid education campaign.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: Summarize barriers to initiating and having conversations with medical providers discussed by prescription opioid users.

Identify health education messaging approaches that resonate with prescription opioid users, and themes that help guide future campaign messaging.

Keywords: Patient Education

Special Populations: Young Adults

Full Abstract Detail: Background

Conversations with medical providers when receiving opioid prescriptions for pain management can be challenging for some patients (Upshur, 2010). Perceived barriers include uncertainty in how to initiate conversations and a variation of trust in medical providers. These discussions, however, are important to increase patients' understanding of the risks of prescription opioid misuse and awareness of opioid addiction risks. In this presentation, researchers identify messaging approaches to promote initiation of provider discussions, using quantitative and qualitative feedback on ads developed for current prescription opioid users.

Methods

Researchers conducted four focus groups with adults in Vermont who had used prescription opioids for medical reasons in the past year (n=43) to test opioid misuse prevention materials and explore messaging approaches. The focus groups explored two different messaging strategies: ads focused on opioids facts and ads focused on initiating conversations with medical providers. Participants viewed and rated the messaging approaches, and discussed features that resonated with them.

Results

Few participants reported playing an active role in initiating conversations with medical providers, and only 14% reported searching for ways to have those conversations. However, greater trust in a medical provider was positively associated with inquiring about alternative therapies ($r=.37$, $p<.05$), a desirable outcome. Participants indicated that not knowing how a doctor would respond and feeling unsure about what questions to ask during those discussions were key barriers to discussing safe opioid use with providers. Among tested ads, the ad "Question Everything," which featured a patient asking questions about the risks of prescription opioids just as one would ask questions about other important life decisions, was rated the highest. Participants liked that the ad modeled specific questions to ask, and reported that the positive response from the doctor increased feelings of trust in medical providers.

Conclusions

These findings offer concrete guidance for opioid misuse prevention campaigns. Messaging strategies that highlight the risks of prescription opioids, and emphasize a trusted relationship between provider and patient, may help adults better navigate provider conversations. Insights for future messaging include the importance of showcasing a positive provider-patient relationship, portraying providers as a trusted source of information, and featuring clear information and examples of how to approach conversations with providers.

Session Type: Oral - Combatting Opioids

Session Title: Reasons for opioid misuse: Identifying gaps in knowledge and social norms associated with risky use of prescription opioids

Session Number: I5

Submitting Authors: Katie McCabe

Co-Authors: Ms. Sophia Lerdahl, Michele Sok, MPA, MSR, Megan Trutor, Kim Zambole

Authors Bio: I am a Senior Research Manager with Rescue Agency, where I have led over 25 health research projects investigating a range of topics including opioid misuse, binge drinking, and marijuana use. My research focuses on segmenting adults and youth into high-risk groups to understand ways to develop tailored health promotion messages that resonate with at-risk audiences. I led the research described in this abstract including data collection and analysis.

Chosen Sub-theme: Changing Outcomes: Health Education and the Continuum of Prevention and Care

Objectives: 1) Identify reasons for opioid misuse, such as social norms and gaps in knowledge.

2) Tailor opioid misuse prevention messages based on reasons for opioid misuse.

Keywords: Alcohol & Substance Abuse, Health Literacy, Social Marketing/Health

Special Populations: Older Adults, Young Adults

Full Abstract Detail: Background: In 2017, 7.8 million U.S. adults ages 26 or older misused prescription opioids. Understanding why adults misuse prescription opioids is critical to developing messages that effectively promote safe and responsible use, if and when an individual receives a prescription. This presentation discusses formative research for two statewide campaigns to prevent opioid misuse among adults.

Methods: Eight mixed-methods focus groups across two states investigated knowledge, attitudes, beliefs, and behaviors regarding prescription opioid use and misuse, and tested storyboards and produced advertisements to inform potential campaign messages. Participants (n=75) were adults ages 18-54 who had been prescribed opioids in the past 12 months. Focus group activities included a mix of individual written surveys and semi-structured group discussions. Participants reported their knowledge of opioids (e.g., examples of opioid medications, risks of use) and personal behaviors, including frequency of use, reasons for use, context of use, concurrent use with other substances (e.g., alcohol), potential misuse (e.g., nonadherence to prescription), and perceived risk of use.

Results: Findings suggested many adults misuse prescription opioids due to insufficient knowledge about opioids, including which prescriptions are opioids and their intended use; importance of safe storage and disposal; possibility of misuse and addiction; risks of mixing with alcohol; and the relationship between prescription opioids and heroin. Because they are prescribed by a doctor, most participants perceived prescription opioids to be safe if used in moderation, and reported relaxed norms for adhering to strict co-use warnings (e.g., abstain from alcohol use). About 1/3 of participants used

prescription opioids for non-physical pain (e.g., to relieve stress) and/or non-medical reasons (e.g., to experiment). Half of participants drank alcohol while taking prescription opioids at least once. Participants preferred messaging with clear explanations of the risks for misuse and addiction, and that encouraged conversations with medical providers. Participants did not identify with messages featuring extreme consequences (e.g., heroin use), because these messages were perceived as too far removed from their realities.

Conclusion: Despite growing awareness of the opioid crisis, many adults still lack basic knowledge around opioids, leading to misuse. With little knowledge of what opioids are and how they work, many people do not believe or understand messages featuring extreme consequences until the consequences personally affect them or a loved one. Messages must deliver new and relevant information in a logical sequence to increase the audience's perception of risk. Formative research is critical to ensure that campaign messages are designed to specifically address the audience's gaps in knowledge, and are delivered in a factual, relevant manner.