

1A Public Health Leadership in a Disadvantaged Landscape

Jack Boles, MS, University of Arkansas Division of Agriculture, Cooperative Extension Service

Emily Lane, MFA, PhD(c), Project Director -Arkansas Tobacco Settlement Commission Evaluations – University of Central Arkansas

Duston Morris, PhD, CHES® – Associate Professor – Department of Health Sciences – University of Central Arkansas

Rhonda McClellan, EdD - Director and Professor - PhD in Leadership Studies - University of Central Arkansas

Shanon Brantley, MS - Assistant Professor of Communication Disorders - Arkansas State University

Sarah Argue, MPS - Deputy Director, Arkansas Research Center

Abstract

Purpose: To explore how Arkansas public health leaders (PHLs) and resident participants (RPs) within the Delta perceive well-being and how PHLs address wicked well-being disadvantages.

Procedures: GIS mapping and County Health Rankings data were used to identify areas with high levels of health disparities and social, economic, and environmental disadvantages within the Arkansas Delta. We interviewed PHLs and RPs to determine how services aligned with measured health disparities and social, economic, and environmental disadvantages.

Findings: Delta PHLs focused on health behavior change and clinical care, despite reporting that social, economic, and environmental challenges thwart efforts. They enlisted cross-sector collaborations to address health disparities but not for social, economic, and environmental disadvantages. Delta RPs reported that health services are adequate, but limited, and most RPs have little awareness, means, or motivation to access services and do not understand the importance of their health. Both PHLs and RPs commented well being is rooted in deeper social, economic, and environmental issues.

Conclusions: Overall, PHLs and RPs recognize the availability of basic health services, yet realize these services alone are inadequate in shaping well-being. Changing health disparities in the Delta may require PHLs and other stakeholders at the state level and in the policy arena to enlist cross-sector collaborations to target wicked social, economic, and environmental disadvantages to well-being.

1B Attitudes Towards Teen Pregnancy Prevention: Findings from Focus Groups with Arkansas Teens and Parents

S. Alexandra Marshall, PhD, MPH, CPH, CHES® - Assistant Professor - UAMS College of Public Health

Nichola Driver, PhD, MPS – Assistant Professor, University of Arkansas Clinton School of Public Service

Katy Allison, PhD, MPH, CHES® – Postdoctoral Fellow: UAMS Psychiatry Research Institute

Abstract

Purpose: The purpose of this study was to evaluate Arkansas teens' and parents' knowledge and attitudes towards teen pregnancy and teen pregnancy prevention strategies.

Significance: Little qualitative research has been done in Arkansas to explore the issue of teen pregnancy with teens and parents. Recognizing this gap, the Arkansas Department of Health partnered with researchers to explore attitudes towards teen pregnancy and teen pregnancy prevention strategies.

Procedures: The researchers conducted a series of 12 focus groups--6 with teens and 6 with parents-- across the five regions of the state (central, northeast, southeast, northwest, and southwest) over the course of the late summer and early fall of 2018.

Findings: The following themes emerged: 1) Parents would be upset or disappointed but ultimately supportive if their teen was pregnant; and 2) regarding the setting for programs, parents wanted/expected the prevention education to come from other sources, such as school. 3) Teens said discussions of teen pregnancy – or prevention – were often brief and focused on avoiding sex instead of avoiding pregnancy; and 4) many teens felt like they would be scared to tell their parents if they were pregnant but they also felt like their parents would ultimately be supportive.

Conclusions: Our findings indicate that parents have trouble talking to their teens about teen pregnancy and hope that their children get information elsewhere. Teens want open/honest conversations about teen pregnancy prevention presenting an opportunity for health educators.

1C Health Numeracy: Tips and Best Practices for Public Health Professionals

Phillip Borden, MPH - Grants Analyst - Arkansas Department of Health

Abstract

Health numeracy is an emerging subcategory within the larger discipline of health literacy. Health numeracy refers to people's ability to understand and make decisions based on health information presented in the form of numbers, charts, or graphs. People with low health numeracy skills typically get their information in other ways and use non-numerical criteria to make health behavior decisions. Writing or speaking to an audience when it is impossible to know each person's level of health numeracy is challenging. If information is understandable in early stages, people will be more likely to receive further education, seek information on their own, and use what they have learned in decision making. Understanding the unique dynamics of health numeracy and building content with the assistance of proven health numeracy tips and best practices can help health educators make their content relatable and understandable to as many people as possible. These tips are the result of a thorough literature review and include guidance in which graphs or charts to use in which situations, how to handle people's mistrust of statistics, how to use risk words and evaluative labels, and how to incorporate the teach-back method. An understanding of health numeracy can especially enhance interventions based on The Stages of Change theory and the Health Belief Model. Participants will receive a handout with blanks to fill in throughout the session and will leave with a completed outline of health numeracy tips for reference.

2A People First: The Importance of Language Choices in Sexuality & HED Materials

Denise Demers, PhD, CHES® - Assistant Professor – Department of Health Sciences – University of Central Arkansas
Anita Sego, PhD., MCHES - Assistant Professor – Department of Health Sciences – University of Central Arkansas

Abstract

Purpose: To introduce conference participants to the “who, what, when, why, and how” of People First Language.

Significance: To quote Lindsey Cain, “If we are bothering to be sexuality educators in the first place, we should make efforts to understand how to best serve everyone.”

Findings: While health educators intend to be inclusive, they frequently work in small agencies, with small budgets, and small staffs. They do good to create materials by deadlines at the last minute. It is important that health educators include inclusive language and language that better serves the people they are creating the materials for in the first place. This requires purposeful language choices when creating educational materials and proofing for People First/Inclusiveness issues as part of the overall process. Historically, many acts of sexuality were deemed a crime. Thankfully, laws have changed, but our language has not. The residue of shame and negativity associated with affectionate/sexuality behaviors remains. By shifting our language around sexuality, we have the power to reduce some of the massive shame carried by marginalized populations, such as people with physical or intellectual disabilities.

2B It's Not Over Until It's Over: What Arkansas Health Educators Need to Know About the Long-term Effects of Major Flooding

Presenter: Sandie Nadelson, PhD, RN - Assistant Professor – School of Nursing - University of Central Arkansas

Abstract

Purpose: Provide health educators with a framework for identifying needs and planning health promotion education following major flooding.

Significance: The 2019 floods affected tens of thousands of Arkansans. No one doubts the short-term effects of flooding are tremendous both emotionally and physically. But health issues continue even though flood waters recede. The long-term sequelae associated with major flooding are inevitable according to recent research. A review of the literature indicates there are multiple negative health effects of flooding that are public health concerns.

Procedures: The literature was reviewed systematically related to long-term health concerns associated with major flooding. Multiple areas of concern were identified as well as resources available to help deal with the probable flood consequences.

Findings: Research has uncovered numerous health related sequela in all age groups from infancy through aging adulthood. The main areas of concern include respiratory conditions, skin problems, gastrointestinal issues, nutritional deficiencies, and stress related disorders. Because most are insidious diseases, they can be easily overlooked, but need attention. Fortunately, there are resources available to help health educators inform the public about risks and measures to reduce the long-term impact of flooding.

Conclusions: During this presentation, the main areas of concern will be described and resources will be provided to help health educators reduce the negative consequences associated with major flooding.

2C ARKANSAS BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM: THE POWERFUL TOOL FOR TARGETING AND BUILDING HEALTH PROMOTION ACTIVITIES.

Mallory Jayroe, MS, CHES® – Health Program Specialist II - BRFSS State Coordinator - Arkansas Department of Health

Abstract

At the end of the presentation, participants will be able to describe what BRFSS is and how it is used. At the end of the presentation, participants will be able to operate the BRFSS data tools available.

Objectives- 1) to provide the Arkansas Department of Health (ADH) and other health-related agencies with an annual BRFSS dataset that can be used to design public health programs to improve and protect the health of Arkansans, and 2) to develop and/or maintain collaborations to encourage and increase the use of the Arkansas BRFSS survey as a core tool for analyses needed for implementation of public health programs and policies and/or community health assessments.

Methods- Each state uses a standardized core questionnaire, optional modules, and state-added questions. BRFSS weighting process includes two steps: design weighing, which takes into account the number of phones and number of adults in each household, and iterative proportional fitting, also known as “raking”, which incorporates known characteristics of the population into the sample.

Results- Currently, Arkansas collects around 5,200 surveys annually. Each year, the CDC BRFSS website provides a variety of datasets for analysis for each state. Arkansas uses an analysis plan that involves developing county-level estimates from the state BRFSS data and creating a dataset that includes the state-added questions.

Conclusions- BRFSS has helped guide researchers and policy makers with their health surveillance and initiatives for years. BRFSS is always improving with pilot studies and research initiatives. This is important because, in the future, public health surveillance may be more complex and involve multiple ways of collecting public health data.

3A Substance Use to Exercise: Are We Moving from One Addiction to Another?

Denise Demers, PhD, CHES® - Assistant Professor - Department of Health Sciences – University of Central Arkansas

Duston Morris, PhD, CHES® – Associate Professor – Department of Health Sciences – University of Central Arkansas

Lisa Ray, MS, LADAC, AADC, CS, PR - Clinical Instructor II – University of Central Arkansas
Sarah Ray, MS, AADC – Arkansas Community Correction
Stephanie Rose, PhD – Assistant Professor - Department of Health Sciences – University of Central Arkansas
Anita Sego, PhD., MCHES - Assistant Professor – Department of Health Sciences – University of Central Arkansas

Abstract

Purpose: The purpose of this study was to determine if there is any evidence of switching addictions among college students pursuant to substance use and exercise. **Significance:** Exercise addiction is often overlooked as a concern due to the positive view of physical activity. Current research identified a perception of substance use and acceptance as part of the culture of sports. This study evaluated the possible relationship between alcohol and drug use and exercise addiction.

Findings: Major findings included significant correlations between drug use and exercise volume, as well as, the perceived importance of exercise to students in relation to the degree of drug use. Binge drinking was also found to be associated with increased exercise. The relationships between substance use and exercise rendered significant findings which are demonstrated in this article. **Conclusions:** Research to provide clarity on the parameters of exercise addiction could assist health education and addiction professionals in the development of intervention strategies and prevention programs for addiction behaviors.

3B Characteristics of Effective Prevention Programs

Eric S. Davidson, Ph.D., MCHES®, CSPS – Eastern Illinois University, Interim Director, Health and Counseling Services - Director, Illinois Higher Education Center for Alcohol, Other Drug, and Violence Prevention

Abstract

In today's practice, evidence-based programs are widely encouraged, if not required. However, having a program determined to be evidence-based requires significant time and resources, often creating a major lapse of time between development and adoption with the field. Furthermore, some areas lack formally developed and evaluated programs and interventions; leaving practitioners on their own to develop, implement and evaluate their own programs and interventions. This program will highlight literature review findings (e.g., Nation et al, 2003; Dusenbury & Falco, 1995; Borkowski, Akai, Smith, 2006 & 2007) that focus on general elements and characteristics effective programs across a wide variety of topical issues and disciplines demonstrate. Information provided will assist (a) consumers and administrators evaluating possible evidence-based programs and interventions for implementation, (b) program developers and planners in strengthening home-grown programs and interventions that will meet the target audience and community's needs. Attendees will be given a rubric that can be utilized in reviewing current or future programs.

4A How School Health Inspires Healthy Lives and Strong Communities

Tamara Baker, MPH, BSN, RN - School Health Services Director - Arkansas Department of Health

Abstract

This interactive presentation will tell the story of the current health status of Arkansas children and services/programs available for public schools. School-based health centers, (physical, mental health, dental and vision services), Coordinated School Health, youth advocacy groups, and other programs will be featured. The

audience will be asked to participate in a discussion assessing the public school environment and culture. The current school health strategies are largely not mandated nor sufficient to meet the children's increasing health needs. The schools that participate in the available school health services have a support system that educates, funds, recognizes achievement, and inspires healthier lives and strong communities.

4B “LGBTQ Inclusive Practices for Health Professionals”

M. Kathryn Allison, PhD, MPH, CHES® - Postdoctoral Fellow - UAMS Psychiatric Research Institute
S. Alexandra Marshall, PhD, MPH, CPH, CHES® - Assistant Professor - UAMS College of Public Health

Abstract

Purpose: The purpose of this presentation is to inform health educators and other public health professionals about the health disparities experienced by LGBTQ individuals in Arkansas, describe key terms and concepts, and present inclusive or affirming care practices. Lessons learned from a community-academic partnership between members of the transgender community in Arkansas and researchers at the UAMS College of Public Health will also be shared.

Significance: LGBTQ individuals, particularly in mostly rural, southern states like Arkansas, experience numerous health disparities because of barriers affecting access to appropriate healthcare. Transgender Arkansans have a particularly difficult time accessing culturally competent care.

Procedures: With support from the Patient Centered Outcomes Research Institute, the researchers have partnered with the Arkansas Transgender Equality Coalition since 2015 and have been working with a team to identify, understand, prioritize and systematically address key health and healthcare issues affecting transgender Arkansans.

Findings: Top health and healthcare concerns shared by most trans individuals in Arkansas are: 1) access to appropriate/affirming healthcare and 2) culturally competent health care providers. Recommendations of inclusive practices for health professionals have also been identified from the literature and from experiences shared by LGBTQ patients.

Conclusions: When implemented by health professionals, inclusive practices can help address access to culturally competent healthcare, which will improve health outcomes of sexual and gender minority patients.

5A How to enhance health, well-being, and equity through RWJF's Culture of Health framework: Highlighting efforts of programs funded by Tobacco Settlement dollars in Arkansas

Emily Lane, MFA, PhD(c), Project Director -Arkansas Tobacco Settlement Commission Evaluations – University of Central Arkansas

Abstract

This presentation is geared towards public health practitioners with the purpose of (1) exploring Robert Wood Johnson Foundation's Culture of Health framework—i.e., action areas like cross-sector collaboration and drivers of action like civic engagement, and (2) sharing examples of CoH efforts by programs funded through Tobacco Settlement dollars which, ultimately, enhance health, well-being, and equity in Arkansas. In recent years, models like RWJF's CoH have become more popular with practitioners and evaluators of health education and promotion, in part because of the CoH's recognition of social determinants of health and the various roles that agents in the public sector and community play in enhancing health, well-being, and equity. After overviewing the CoH framework and sharing examples of efforts by Tobacco Settlement funded programs in Arkansas, the presenter will facilitate a hands-on activity to help participants (a) visualize well-being needs of their community; (b) identify potential partners outside their sector; and (c) design a plan, given well-being needs and potential partners, to make health a shared value in their community—the

first action area under the CoH framework. If time permits, participants will discuss concrete ways they can work towards other CoH action areas.

5B Collaborating Across College and Community: Building Healthy Lifestyles for People with ID.

Presenters:

Duston Morris, PhD, CHES® - Associate Professor – Department of Health Sciences – University of Central Arkansas
Camie Powell, MS - Director of Marketing and Corporate Relations - Special Olympics Arkansas

Abstract

Purpose: The purpose of this practice-based intervention was to provide Health Education students enrolled in Health Coaching classes an opportunity to learn how to assess, plan, and implement a service-learning health education project for people who have ID that participate in Special Olympics Arkansas. **Significance:** This was the first service-learning project where Health Coaching students were able to collaborate with a small focus group of Special Olympic athletes and then plan, develop, and implement health education activities during the 2018 Special Olympics Family Health Forum.

Findings: Students in the Health Coaching program demonstrated an increase in awareness and understanding when working with people who have ID. **Conclusions:** Additional Health Education curriculum and service-learning opportunities need to be geared towards understanding and working with people who have ID.