

## Honors in Action Project Award (Chi Upsilon Chapter)

### Honors In Action Project Award

Optional: Chapters may attach up to three tables, charts, or photographs that illuminate their Honors in Action research and action. No more than three attachments are allowed per Honors in Action entry. No additional explanation may be included in the attached table, chart or picture. Tables, charts or pictures should be explained in the body of the 2,600-word entry.

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Honors in Action Project title (include a brief project title) Example: Transforming Health Through Music Therapy

Transforming Habits for Lifelong Health

Provide a brief abstract or summary of your Honors in Action project including the following components: academic research into and analysis of sources related to the Honors Study Topic, action that addresses a need in your community that was discovered through your research and analysis into the Society's current Honors Study Topic, and the impact of your project. (NOTE: Recommended word count for the abstract is no more than 300 words.)

During the summer, chapter officers discussed and researched potential topics. After an initial discussion of the themes, we focused on Powers of Connection, because of our interest in information and communication. After brainstorming several possible topics, we focused on the impact of health information in our community. Health information can be difficult to access, assess, or act on for various reasons, despite the wide availability of information in our society. Challenges include the prevalence of unreliable information, lack of skills in finding information, lack of internet access, and information overload. Our chapter wanted to know how people are receiving and using information to sustain and improve health. We conducted research regarding how people respond to information and what lifestyle choices are dominant in the community. We learned that some groups use information more effectively than others and learned that reaching our fellow students, helping them to build lasting habits while young, would have the strongest impact among the actions we had considered. From this research, we designed an event to inform college students about healthy eating habits and how to lower the cost of healthy food. We paired this with a service event providing healthy snacks for finals week on our campus.

What theme in the current Honors Program Guide did your chapter focus on?

Theme 7 - Powers of Connection

Summarize your research objectives. In other words, what did your chapter set out to accomplish in terms of its research? (See Research Objectives Rubric in the Honors in Action Project Rubrics for more detail.)

The theme of "transformations" led us to observe and assess changes within our community. We brainstormed several possible topics around transformations in the community, then focused on "connection" and brainstormed again. Preliminary research was done on several topics. Our advisor designed an activity where we rated each potential research topic on criteria such as local and international relevance, actionability, and level of academic challenge. We had considered researching wildlife preservation, as the topic was personally interesting to our chapter and related to our HiA project from last year. Ultimately, mostly due to a perceived centrality of the issue, the majority voted for health information as our topic. Our chapter decided to investigate how information about personal health and healthy choices is accessed and used in our community and what can be done to encourage information use toward health self-advocacy and improved lifestyle choices.

Describe your academic research into the Honors Study Topic, your research questions(s), your analysis of your research findings, and your research conclusions.

As a brainstorming task, we discussed ways the medical field had changed and possible impacts. We wanted to learn of any advantages people gained by using health information effectively and what factors limit people in using information toward positive health results. With those questions, we completed academic research. We found that many people use some tools provided by health providers to learn about conditions, track personal history and manage appointments and prescriptions. We focused on how transformations in health and information technologies were assisting members of the community.

Our main research question was: How do transformations in the way we access medical information allow patients to obtain reliable health advice to advocate for their own treatment and improve health outcomes?

We next conducted interviews with experts and members of the community. To plan for the interviews, a chapter officer asked a speech instructor to prepare the chapter; he gave helpful insight on professional presentation, specific and open-ended questions and use of active listening skills. After the lesson, members were challenged to create open-ended interview questions. As a result of this preparation, our interview was productive.

Our most compelling interview was with the director of a local health clinic for low-income and uninsured residents in our area. She had extensive knowledge of how issues related to health information affect at-risk populations in our area. Our first question was, "How has the medical industry changed?" She told us that the transition from paper documents to electronic forms makes tracking of patients much easier. Previously, it would take hours to complete patient records, and there were frequent mistakes. Now, for people who have access, electronic forms help doctors make the best possible decision in a shorter amount of time. She emphasized that some community members do not have access to this useful technology or do not have technology skills needed to use the tools. We then asked how patients could put health information to use, once they had access.

We were taken aback by the response that followed. Companies make a point to make their information as easy to read as possible. Like television commercials, medical advertisements have to grab the reader's attention. To reduce confusion, companies make all materials readable at a fifth grade level. While some people use this information, others are more resistant. Some communities reject most medical information. Sometimes, cultural barriers make it harder to obtain life-saving medicine or information. Most patients at her clinic suffered from chronic health conditions like diabetes and heart disease that can be prevented through healthy diet and exercise habits, but their traditional lifestyles are difficult to change. This cultural connection had barely come to light in our research, so the chapter asked what could be done to help.

Our guest suggested that we would make the most impact by reaching students at our own college. By teaching young people about healthy habits, they could stay on track to a healthy life. This focus on early intervention shifted our direction. We conducted additional research to determine how to help students at our college establish healthy habits.

Our conclusions from our research related clearly to at-risk populations, which we had not considered early in the process. We learned that patients from at-risk populations don't always have access to technology. Their health information resources must be accessible and affordable. Access to health information is only part of the issue. Building healthy habits of diet and exercise for lifetime health is important, especially among college-age students and other at-risk populations. Additionally, building healthy habits among at-risk populations improves their health outcomes. When people learn how to make healthy meals for themselves, they're more likely to lead a healthy lifestyle. Finally, due to budget concerns, people tend to buy unhealthy food, even if they know there are better options, like vegetables. This is because they prioritize cheap ingredients with a longer shelf life.

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<p></p><p><label class="control-label scholarship-form">List the 8 academic/expert sources that were most enlightening regarding multiple perspectives of the Honors Study Topic theme you selected. Briefly explain why these were the most important sources and what you learned from each of them as you researched your theme. (NOTE: Please use full, formal APA citations for your entry. However, do NOT worry about bold, italics and underlining as these are not available in this application software.)</label></p><p></p><p><br></p><span class="required" aria-required="true">\*</span>

Resource 1

Addario, B. J., Fadich, A., Fox, J., Krebs, L., Maskens, D., Oliver, K., ... Turnham, T. (2018). Patient value: Perspectives from the advocacy community. *Health Expectations*, 21(1), 57–63. Retrieved from <https://doi.org/10.1111/hex.12628>

All health-care systems are under financial pressure and have developed patient value frameworks to assist in decision making regarding a patient's access to treatment. In this article, patient advocates make recommendations on how to work together to strengthen a patient's voice in regards to their healthcare. We saw the necessity of self-advocacy and the information needed to self-advocate.

Resource 2

Askelson, N. M., Meier, C., Baquero, B., Friberg, J., Montgomery, D., & Hradek, C. (2018). "Understanding the process of prioritizing fruit and vegetable purchases in families with low incomes: 'a peach may not fill you up as much as hamburger.'" *Health Education & Behavior*, 45(5), 817–823. Retrieved from [search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1191245&login.asp&site=ehost-live&scope=site](http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1191245&login.asp&site=ehost-live&scope=site).

The majority of people who are trying to save money are buying the cheapest food because they perceive it to last the longest. People understand what healthy foods they should purchase, but these foods are not perceived as practical. We noted that assumptions about relative costs are in part caused by lack of accurate information.

#### Resource 3

Baudendistel, I., Winkler, E., Kamradt, M., Brophy, S., Längst, G., Eckrich, F., ... Ose, D. (2015). The patients' active role in managing a personal electronic health record: a qualitative analysis. *Supportive Care in Cancer*, 23(9), 2613–2621. Retrieved from <https://doi.org/10.1007/s00520-015-2620-1>

Patients are likely to advocate for themselves in the long term if they have an understanding of their condition, the ability to ask informed questions of their doctors, and the means to look at its causes. Again we learned that patients must educate themselves.

#### Resource 4

Bernardo, G. L., Jomori, M. M., Fernandes, A. C., Colussi, C. F., Condrasky, M. D., da Costa Proença, R. P., & Proença, R. P. da C. (2017). "Nutrition and culinary in the kitchen program: a randomized controlled intervention to promote cooking skills and healthy eating in university students - study protocol." *Nutrition Journal*, 16, 1–12. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=127020500&site=ehost-liv&scope=site>.

This article revealed that there is great benefit in teaching college students how to cook because they tend to be the ones who look for cheap food.

#### Resource 5

Hoban, Suzanne. (10 October 2019). Interview.

Many patients who are low-income do not have easy access to internet health resources. In our community, many low-income patients suffer from chronic conditions such as heart disease or diabetes, as a result of lifelong unhealthy eating habits. This is due in part to the lack of access to healthy foods due to expense, limited access to transportation to grocery stores, and limited resources at food pantries. It is best to form healthy habits at a young age. This interview helped us to determine that the best way for us to help is to reach young students at our college and encourage healthy eating habits.

#### Resource 6

Holland, J., Hatcher, W., & Meares, W. L. (2018). Understanding the implementation of telemental health in rural Mississippi: an exploratory study of using technology to improve health outcomes in impoverished communities. *Journal of Health & Human Services Administration*, 41(1), 52–86. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=129349067&login.asp&site=ehost-live&scope=site>.

This article focused on the impact of telemental health (TMH) which is the provision of mental health services from a distance by using communication and Internet-based technologies. The research examined the efficacy of TMH as a tool to provide rural mental health service, to improve the mental health of rural patients, and to advance the sustainability of rural communities. We noted that technology can be used by professionals to deliver service, but effective independent use of technology might be more difficult.

#### Resource 7

Lee, K., Kwon, H., Lee, B., Lee, G., Lee, J. H., Park, Y. R., & Shin, S.-Y. (2018). Effect of self-monitoring on long-term patient engagement with mobile health applications. *PLoS ONE*, 13(7), 1–12. Retrieved from <https://doi.org/10.1371/journal.pone.0201166>.

Access to personal health records improve the quality of care and outcomes. Electronic resources such as phone apps can help patients access doctors and records, even over physical or practical barriers, such as travel restrictions or physical distance. Unfortunately, many patients do not form a habit of using such apps, which prevents them from benefiting fully from these tools. Of interest to us was that even people with access to information may not use it.

#### Resource 8

Miller, L. M. S, Cassady, D. L., Beckett, L. A., Applegate, E. A., Wilson, M. D., Gibson, T. N., Ellwood, K.. (2015). "Misunderstanding of front-of-package nutrition information on us food products." *PLoS ONE*, 10(4), 1–11. Retrieved from [doi:10.1371/journal.pone.0125306](https://doi.org/10.1371/journal.pone.0125306).

The need to stretch out meals creates disregard for the nutritional labeling on the boxes of most products. This creates a health risk, as cheaper food tends to be less healthy than fresh food. The cost factor is affecting not only food choices, but cooking methods, and all parts of the decision process.

<p>Summarize your project action and collaboration objectives. In other words, what did your chapter set out to accomplish in terms of its collaborations and action?</p>

Initially, we hoped to help patients access health information technology, but our focus shifted after our interview with the clinic director. She informed us that people who are at higher risk for health complications would not have access to basic technology. We had assumed that our county had all the technology it needed, but we failed to consider the limitations of low-income patients and other at-risk populations. Upon our expert's suggestion, our focus shifted to reaching students at our college.

Based on our research, our chapter set objectives for our project: to encourage healthy diet and exercise habits in our college community; to promote campus resources which provide education, facilities, encouragement and opportunity for healthy habits; to help college community members access healthy food and recipes; to help needy students access food resources by promoting MCC's partnership with the local food pantry, on-campus food pantry and cafeteria vouchers for students in need; and to promote non-credit classes related to food, nutrition and fitness.

Describe the service or "action" components of this Honors in Action project that were inspired by \_\_\_\_\_ and directly connected to your Honors Study Topic research. (Action can also include promoting \_\_\_\_\_ awareness and advocacy.) Be sure to include information about the people and/or groups with whom you collaborated, why you chose these collaborators, and the impact they had on the outcomes of the project.

One significant finding of our research was that self-advocacy, using information resources, is critical to the best outcomes. We wanted to improve self-advocacy among our fellow students by providing resources toward a healthy diet and encouraging habits which could prevent some health concerns from emerging in the first place.

We decided to provide resources which we had learned our peers need. We found "Good and Cheap: Eat Well on \$4/Day" by Leanne Brown, an open-access cookbook detailing recipes for health-conscious meals that can be made on a tight budget. We collaborated with our college's duplication center to create bound copies of the book and handed those out to students. Additionally, our chapter handed out healthy snacks such as fruit and nuts during finals week. At the table where snacks were provided, we distributed nutrition facts, advice from the FDA about the ideal diet, and coloring pages to help students reduce stress. Students were encouraged to engage with our volunteers by filling out a survey about eating habits. Our chapter collaborated with student government to recruit students to staff our snack giveaway table. Additionally, we collaborated with the director of student life to ensure that the snacks we gave away complied with college policies.

There are many resources for students in need on our campus, including an on-campus food pantry and meal vouchers for the college cafeteria. Additionally, anyone with a student identification card is eligible to receive food from the local food pantry. Our college also offers non-credit classes in nutrition and fitness. In our project, we publicized these programs by handing out flyers and business cards and answering questions. We collaborated with several campus departments, including advising and the student success center, to collect promotional literature.

What are the quantitative and qualitative outcomes of your project? What impact did your project have on the problem addressed and on opportunities for chapter members and others to grow as scholars and leaders.

Our final project had clear positive outcomes. In total, 67 people came for snacks. Of these, 19 (33.3%) participated in a survey about lifestyle habits. Out of survey participants, 5 (26.3%) said they were held back from eating healthy food by pricing and 10 (52.6%) were concerned about the inconvenience of healthy foods. Additionally, all 30 copies of the "Good and Cheap" book were distributed. Students who came to the table and took a book seemed surprised at the abundance of recipes available within the cookbook. Many were under the impression that fast food was the cheapest and most filling option. After seeing low cost dishes that could satisfy, one student said she "didn't know you could make these for so cheap; I would usually get McDonalds." Some who noted their inability to cook were encouraged to make the foods in the book because of the step by step instructions. All students who reviewed the cookbook took it for their own use: in fact, we ran out of books and sent digital copies to those who didn't get a book.

Our surveys gathered information regarding student perceptions of healthy foods. In a survey given to nineteen individuals, fifty two percent noted that their reliance on fast food was for convenience. This was enlightening for our officers and is a finding we plan to share in support of some recent changes in cafeteria and vending options at the college.

Due to changes in the school's infrastructure, our chapter office had been moved to another area of the school, presenting a distraction. It took two weeks of extensive planning to prepare the office to move. During the office move, progress on our project was minimal, but we did manage to contact our interviewees and set dates for the interviews. Chapter members learned how to be flexible with changes and time management.

Opt out of consideration for inclusion of your chapter's Honors in Action entry in the 2020 issue of Civic Scholar: Phi Theta Kappa's Journal for Undergraduate Research