

Future Focus

Ohio Journal of Health, Physical Education, Recreation, and Dance



OAHPERD

Spring/Summer 2024

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Future Focus is the official scholarly publication of the Ohio Association of Health, Physical Education, Recreation, and Dance. *Future Focus* is a refereed journal, and manuscripts are blindly reviewed by the writer's peers unless otherwise noted (e.g., columns from OAHPERD officers, continuing special sections such as "Convention Research Abstracts" and "The Coaching Toolbox"). Manuscript guidelines and submission dates are detailed on the last page. *Future Focus* is published in an electronic form only @ www.OHAHPERD.org.

Change of Address/ Incorrect Address

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Business card size \$50.00
Quarter-page ad \$75.00
Half-page ad \$125.00
Full-page ad \$225.00
All advertising copy must be high-res PDF format. See last page for deadlines. Make checks payable to OAHPERD.

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Hear us ROAR!

Mary LaVine, OAHPERD President

Welcome to 2024—a new year filled with new opportunities and optimism. My Presidency theme: **Recognize, Organize, Advocate, and be Relevant = ROAR! Hear us ROAR!**

I would like to recap the 2023 convention—*OHIO PROUD!* The theme was intentional to get us all reflecting on your relevance and resiliency. We are members of this professional organization filled with amazing professionals who work tirelessly to keep Ohioans healthy and active for a lifetime. You are all respected by so many, as I stated in my welcome address, “Shining Stars.” Jim Tressel, our keynote speaker, kicked us off with huge spark! This spark showed as we had over 350 attendees in a year with the National SHAPE Convention coming to our state. We had a full program of amazing sessions which provided professional development you all wanted. We had three new vendors, and all of this has led to growth. The energy from our convention seemed to carry on as we entered 2024.

The SHAPE America Convention-Cleveland was in March, and our state was well-represented with over 18 presentations. To kick off the convention, I delivered the *Welcome to Ohio and the City of Cleveland*, where I promptly invited folks to return in December and join us at our convention. I am optimistic some will take us up on the offer and attend and even offer a presentation. We had several board members present as well as ten of our Teachers of the Year (TOYs), *Buckeyes Bringing It!* There were over 20 presentations from Ohio. All Ohio presentations were amazing and well attended. Thank you to all who presented, “Our Shining Stars!” We also had an exhibit booth at which we gained new members, reconnected with members who weren’t at our 2024 convention, and made new connections with others who visited our booth to engage in collaboration. All of this energy and cohesion sets us apart from other professional organizations, which represents another testament of your relevance, resilience and respect.

Moving forward in 2024, I am organizing a committee to review the new National PE Standards in order to revise our Ohio PE Standards and Assessments. Mark the date: June 10 and 11—the Summer Institute in Dublin, OH. Please plan on joining us as we have a variety of sessions



and a kayaking social event planned. Convention 2024—the theme: *Groovin’ and Movin’ in OHIO!* Our keynote speaker will be Mr. Scotty Williams, who will energize us by getting us all up grooving and moving to the beat. So get your program presentation submitted as soon as the call comes out. Nominate a colleague for the Teacher of the Year Awards, and the two new awards, *Outdoor Adventures State Teacher of the Year* and *Administrator of the Year*. Get your nominations in! There will be a new award coming this year, a Presidential

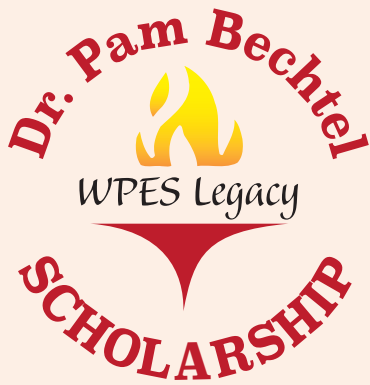
Award, with more information forthcoming. I again offer to write Thank You letters to your district administration and last year I received several responses from district administrators who appreciated my efforts to share accolades concerning our members attending the convention.

Recapping the goals I set: **Goal 1: Increase membership.** Membership is up, but I still encourage you to invite a colleague to join. We offer a great bang for your buck! **Goal 2: Ohio Health Education Standards:** It is on-going. This is an election year and there is no action until after the elections. Our goal is to come back stronger in 2025. **Goal 3: Forge new connections** with professionals in and out of state.

I would like thank our current past-president Traci Grissom for her leadership, guidance, and collaborative brain storming. Together our creative ideas keep flowing. I would also like to thank the trustees for endless commitments and guidance to the committee developing our strategic financial plan. I would like to thank Lisa Gundler, our treasurer, for her endless time and leadership as chair of the strategic financial plan committee. Thank you to Carol Falk (amazing) Convention Chair and her committee. Thank you to our Executive Director Lisa Kirr for everything she does daily for our organization. She is committed to helping our organization move forward.

If I have missed anyone, thank you for all you do. Now it is time for us to ROAR loud and proud. Looking forward to seeing you at Summer Institute, and especially at Convention at Kalahari in December. Let’s get ready for “Groovin’ and Movin’ in OHIO!”

Mary



The Dr. Pam Bechtel WPES Legacy Scholarship

The Dr. Pam Bechtel WPES Legacy Scholarship provides funds to help undergraduate Physical Education, Health, Exercise Science, Athletic Training, Sport Science, Dance, Recreation, and Health majors and/or beginning young professionals in career positions related to the mission of OAHPERD to attend professional conferences or other professional development opportunities.

This scholarship was initiated through a start-up donation from the Ohio College Association-Women's Physical Education Section. Members of this group donated the remaining funds from their treasury to OAHPERD in December 2013. In December 2022, the OAHPERD Board of Directors unanimously voted to rename the scholarship the Dr. Pam Bechtel WPES Legacy Scholarship in honor of Past-President and Honorary Life Member, Dr. Pam Bechtel (1956–2023).

Donate to The Dr. Pam Bechtel
WPES Legacy Scholarship

[Donate here!](#)

Apply for The Dr. Pam Bechtel
WPES Legacy Scholarship

[Apply here!](#)

Nominations for OAHPERD Awards

OAHPERD is seeking nominations for Teacher of the Year, in various categories, and other awards. See the list below for these awards. The recipient of the awards will be honored at the annual state convention. Some of the opportunities are highlighted in this issue elsewhere (e.g., Legacy Award, Memorial Scholarship, Ohio Gold, Research Grants, and OAHPERD Scholar).

To initiate the awards process, [Start here!](#)

Further information can be obtained by contacting the Chair of the Awards Committee, Stacey Slackford Barnes (sbarnes@aurora-schools.org).

NEW! Outdoor Adventures State Teacher of the Year

Sponsored by Outdoors
Tomorrow Foundation



- Have taught outdoor education as a part of the Physical Education Curriculum or as an elective course for at least 2 years.
- Offer an inclusive program for all students.
- Show student impact and potential or past program growth.
- Have a program that encourages extra-curricular programs such as archery, hiking, camping, fishing, shooting sports, field trips, etc.
- Have a program supported by their administration.

Deadline to submit application: September 1, 2024
[Click HERE for more info and to apply](#)

Teacher of the Year Categories

Adapted Physical Educator of the Year
K–12 Dance Educator of the Year
Elementary Physical Education Teacher of the Year
High School Physical Educator of the Year
Middle School Physical Educator of the Year

Deadline: September 15, 2024

Additional Opportunities

Administrator of the Year
Excellence in Programming Award
Health Professional of the Year
Honor Award
Honorary Life Membership Award
Legacy Award
Memorial Scholarship
Meritorious Award
OAHPERD Scholar
OAHPERD Research Grant
Ohio Gold Award
Recreation Professional of the Year
Young Professional Award
PreK-12 • Higher Ed

Deadline: September 15, 2024



OAHPERD Association News, Spring 2024

Lisa Kirr, OAHPERD Executive Director

The theme of the 2023 OAHPERD State Convention was “Ohio Proud” and after attending the SHAPE National Convention in Cleveland a few weeks ago, there are many reasons for us to be proud in Ohio. It was great meeting the OAHPERD members, both returning and new, who stopped by our booth in the exhibit hall. I was so glad to connect with so many passionate professionals. Thank you to our Ohio Teachers of the Year who put on a stellar session, *Buckeyes Bringin’ It*—you truly did BRING IT!

Many of our members have requested more centrally-located educational opportunities. Therefore, the 2024 Summer Institute that will take place in Dublin, on the northwest side of Columbus, June 10 & 11. Please join us there. The Summer Institute will be two days packed full of professional development and fun! More details coming soon!

The Mission and Vision of OAHPERD states, “The Ohio Association for Health Physical Education, Recreation and Dance is committed to keeping Ohioans healthy and active by providing lifelong learning and professional development, leadership, service and advocacy.” Here are some ways YOU can live the mission:

Lifelong Learning & Professional Development:

- Attend the Summer Institute June 10 & 11, in Dublin.
- Attend the Annual State Convention, December 4–6, at Kalahari Resort in Sandusky.
- Submit a proposal to present a session at the state convention. If you have never presented before, OAHPERD will provide you with a presenter mentor to help you along.
- Apply for a scholarship, grant, or award for yourself or your school or nominate a deserving colleague! Information and forms can be found on the OAHPERD website under the “About” tab.



Leadership:

- Join an OAHPERD committee or become a member of the Board of Directors. [Complete this form](#) and a leader from OAHPERD will be in touch with you. There are lots of ways to be involved, from a division chair to a micro-volunteer!
- Nominate a deserving colleague for a teacher-of-the-year award. Go to the [website](#) for instructions on nominating.

Service:

- Incorporate the SHAPE America *health.moves.minds* fundraiser into your program! No other fundraiser directly impacts your school or OAHPERD the way that the *health.moves.minds* fundraiser can. Go to the [SHAPE America website](#) for information, lesson plans, and instructions.

Advocacy:

- Advocate for your profession by getting to know the legislators from your district while educating them on the importance of Physical Education and Health in schools.
- Encourage your colleagues to join the association! Membership information can be found on the OAHPERD website.

Or contact me! If you have any ideas or improvements for the association, or wish to become more involved, please call or email me.

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Editor's Comments

Bob Stadulis

Many proclaim that this time, springtime, is the best time of the year. The birds begin to sing louder but yet sweeter again and the browns and grays begin to look more and more green. The house behind our home has been almost fully visible 200 hundred yards away for the last 5 months and now, with each day, the trees and bushes that fill the grounds between the houses begin to show their leaves which enhance the privacy for our neighbors and for us. And best of all, the Spring/Summer issue of *Future Focus* slowly emerges from the efforts of our OAHPERD officers, the contributing authors, and most importantly, the issue's editor and Marilyn Paselsky, the person responsible for the production of the final copy you are reading. For the past 30 years (19 with me), Marilyn has demonstrated great skill in juggling the many contributions to an issue including, sometimes, the need to offer gentle remediation to the editor's perspectives. The product, both content-wise and visual, showcases her expertise. Thank you, Marilyn, for always being there.

As usual, I will now share perspectives of the issue's content, highlighting it with points of interest. While much of what will be presented is consistent with prior issues, there are a few instances of different content. Our officers, President Mary LaVine and Executive Director Lisa Kirr, as usual overview what's been happening and what the future might hold in terms especially of opportunities for members to enhance their professional expertise. Lisa provides the issue with a variety of inserts concerning



our sponsors, upcoming events, links for applications and nominations, awards, etc. These we have spaced throughout the issue, so you **better look at every page** to be sure you don't miss something important or of interest.

Then, the "Coaching Toolbox" article, focusing upon enhancing confidence, is a contribution from a familiar source. The topic represents a relationship to a presentation given at Kalahari a few months ago. I mention this because this OAHPERD publication has always encouraged

presenters at the convention to consider sharing their message with the larger audience of OAHPERD members by preparing an article from their presentation, whether as a "Best Practice" or "Research," for *Future Focus*.

That provides the segway to the next issue section, the sharing of abstracts of presentations offered at the convention. This enables the sharing of the research ongoing in our state with a larger audience as many members may not have had the opportunity, even if attending the convention, to hear a verbally presented session or visit the poster displays. By publishing in *Future Focus*, members unable to attend convention can also experience these contributions. Of interest here is that some of the abstracts are short and another is considered to be a longer version. Either format is appropriate for publication in *Future Focus*. Remember that while the current abstracts reflect research efforts, the sharing of programs and innovative methods are also important to contribute to members' knowledge.

[Continued on page 7](#)



**Excellence in
Physical Education Award**

The Ohio Gold Excellence in Physical Education Award Program is designed to recognize those schools whose policies and practices reflect a high priority and quality for Physical Education in schools. The program is sponsored by the Ohio Association for Health, Physical Education, Recreation and Dance. The Ohio Gold Awards program will accept applications and rank schools based upon their progress to achieve a "gold" standard in Physical Education.

Deadline: October 14, 2024. [For more info or to apply click here!](#)

Future Focus has used the term “Best Practices” to categorize such contributions. Convention tends to be dominant with these type of “best practice” sharings; how many more members might be influenced from such presentations if it was shared in this OAHPERD journal.

We have one refereed article from a group of researchers from the University of Cincinnati. Their focus is on the Hispanic members of our country and how this group dealt with mental health issues especially while in the COVID-19 pandemic. It provides a snapshot of how this growing portion of our population perceives health care, especially mental health services. A unique aspect of the study is that it accesses data compiled by a national-based organization, the CDC, which is made available to researchers for examining questions of the researchers' interests.

The budget for the past year and the budget accepted for 2024–2025 appears next. While I suspect most

readers will pass it by quickly, it is published here as, first and foremost, a commitment by OAHPERD leadership to be transparent to the membership. A well-informed membership can be a strength for the organization especially when there is a need to deal with financial constraints that might limit the organization's ability to deliver all aspects of previous endeavors. So, if you skimmed it, go back and try to better comprehend OAHPERD's income and expenses.

A final editorial comment: in my 19 years as editor, at most of the convention Award's Ceremonies, the recipients of research grants to aid membership scholar efforts are announced. One of the requirements of the grant is that the researchers publish their efforts in a *Future Focus* article or abstract. To date, only two such articles, and no abstracts, have been submitted. Yet, many more grants have been awarded over these years. Some perceive that their research ought to be published

in a journal of higher impact than our journal. This is understandable given the potential importance to the researcher's tenure and/or promotion at one of our Ohio institutions of higher learning. However, make note of the 3 abstracts in this issue. Any of those three can be written as a full article for publication in another journal without being jeopardized by the publication of the abstract, in long or short form, in *Future Focus*. The same would occur if one presented at any conference and it was also published a “proceedings” publication. One of the aims of the OAHPERD Research Grants is to enable the increase in awareness of the research and scholarship across our state. As editor of *Future Focus*, it is somewhat disconcerting that research grant recipients have evidently not upheld their end of the agreement to benefit our scholarly journal. I share this in the hopes that at least one previous OAHPERD grant recipient might be motivated to contribute to a future issue.

— Save the Date —

OAHPERD
Annual Convention
Groovin' & Movin' in OHIO!
December 4–6, 2024
Kalahari Resorts
Sandusky, OH

WANTED:

Applicants for the Memorial Scholarship

Ohio colleges & universities with HPERD programs are invited to nominate one or two senior (undergraduate) students (2024–2025 school year) for this scholarship (maximum of two nominees from any institution).

[For more info, click here!](#)



Updating Your Coaching Toolbox: Bridging the Gap Between Research and Practice

By Robert E. Stadulis

Let the reader be reminded first of: What this column is all about?

This column is the 24th in a series of articles in *Future Focus* which are written for coaches by a coach. The goal of this column is to provide information to coaches about recent research that is related to coaching in a user-friendly format. With this in mind, the author will briefly review a recent research article, critique it, and offer practical applications for coaches to use in their everyday coaching. It is the author's intent to encourage a realistic bridging of science to coaching practice through discussions of realistic applications of research. This column will be written with coaches as the intended audience with the following assumptions:

1. Some coaches are interested in applying recent research from science to their coaching.
2. Most coaches do not have easy access to professional journals or other sources that provide scholarly research on coaching science, nor do many coaches have time to read, understand, and digest articles in these publications.
3. Many of the scientific articles are written in a language that is appropriate for scholarly (academic) publications, but many of the writings are difficult to understand, thus making the application of the results to coaching practice difficult.

"Bridging the Gap between Research and Practice" is intended to offer coaches access to recent research in an easy-to-use set-up so that coaches may apply this knowledge to their coaching. If coaches also learn how to dissect and analyze research from reading this column, then this would be beneficial.

As noted in the previous issue of *Future Focus*, the preparer of this column for many years, Mike Sheridan, decided to retire as the reviewer/writer of the column. As no one stepped up to volunteer to accept the role, I thought that it was the time to also retire the column. Then, shortly after the 2023 OAHPERD Convention at Kalahari, my experience as a presenter at a session titled, *Maximizing the Feeling Good Experience in Exercise and Sport: Key Considerations for Lifetime Participation*, prompted me to reconsider retiring the column. As the third presenter on the topic of, *How does Participation in Physical Activity Affect Self-Esteem or Self-Worth?*, a time-keeping error limited my talk to about 4 minutes instead of the planned 8–9 minutes. So I began to think, rather than have no Coaching Toolbox column, why not complete my presentation in this column? Of course, in keeping with the structure of previous columns, I needed to focus upon research that could then be applied to the coaching situation. But somewhat different from the previous column structure, rather than select one specific study, I have decided to use a review source which summarizes much of the research about self-esteem.

In contemporary times, many digital sources are available. When one conducts a search on-line, a multitude of potential sources are displayed. Making an appropriate and reliable source choice can sometimes be difficult. The source I will be sharing has three qualities that render it potentially reliable in presenting valid information. The first is that the content was scientifically reviewed by an expert other than the author. Second, there is an extensive list of references. And third, the article is followed by a comment section, "What readers think," which enables evaluative critiques whether + or –.

The Improvement of Self Confidence

In sport psychology, there are many assessment surveys used to attempt to measure what are thought to be key mental attributes that relate to skill development and performance. Perhaps most popular choices focus upon anxiety and self-confidence. With my colleague, Mary Jo MacCracken, we have explored in particular the measurement of aspects of these attributes in children and adolescents. In particular, our adaptation of the Competitive State Anxiety Inventory (CSAI) for youngsters involved in physical activity and sport (Stadulis, MacCracken, Eidson, & Severance, 2002) provides for the assessment of confidence as well as anxiety. But then comes the practical problem: given one's amount of anxiety and/or confidence, especially an amount that seems in need of some adjustment, what can one do to most effectively and efficiently foster a change? Our experience as well as a large volume of research suggests that confidence is of prime importance to performance especially as well as maximizing

the “feeling good” experience. Thus, the source to be reviewed concerning this focuses on self-confidence and recommendations concerning ways to change it to be more positive.

Article Review

Ackerman, C. A. *What Is Self-Confidence? (+ 9 Proven Ways to Increase It)* (July 9, 2018). *PositivePsychology.com* (Scientifically reviewed by William Smith, Ph.D.).

As with most review type articles, initial defining of important terms and concepts is almost mandatory so that the reader understands what the article will be about. In this case, Ackerman focuses upon three key aspects of self: Self-Efficacy, Self-Confidence, and Self-Esteem.

Self Efficacy, according to the most often cited Bandura (1977), this is an individual’s beliefs about their capacity to influence the events in their own lives. Often this concept is explained by what has been called “locus of control.” On a continuum, persons who explain outcomes and/or perceive expectations in terms of their own actions are labeled as having more of an internal locus of control whereas if one interprets outcomes and/or expectations as a result of more influence of external factors, like the actions of others or the weather, that individual is characterized as being externally oriented. Thus, the internal person is more likely to judge expectations in movement and sport based upon one’s own qualities whereas the externally oriented person focuses more on the environmental influences including the skill of the other players or competitors. Having just watched the Final Four Women’s Basketball final game, interpreting the South Carolina victory as a result of the skill and height of the Gamecock players, and possibly the officiating,

would represent an external interpretation. On the other hand, the inability of the Hawkeye players to box out and shoot more accurately, expressed by the Iowa coaches, would be more of an internal perspective. An important characteristic of self efficacy is that it is very changeable and dynamic as a result of changing contexts like the perceived quality of an opponent (external) or the amount and quality of preparation (internal).

●

Confidence is of
prime importance
to performance
especially as well
as maximizing the
“feeling good”
experience.

●

Self-Confidence, noted Ackerman, has been defined in a variety of ways. These include “simply believing in oneself” (Bénabou & Tirole, 2002) or “as an individual’s trust in his or her own abilities, capacities, and judgments” (Psychology Dictionary Online). Lenney (1977) sees self-confidence “as an individual’s expectations of performance and self-evaluations of abilities and prior performance.” But Ackerman decides that, “Self-confidence is similar to self-efficacy in that it tends to focus on the individual’s future performance; however, it seems to be based on prior performance, and so in a sense, it

also focuses on the past. Many psychologists tend to refer to self-efficacy when considering an individual’s beliefs about their abilities concerning a specific task or set of tasks, while self-confidence is more often referred to as a broader and more stable trait concerning an individual’s perceptions of overall capability.”

Self-Esteem, according to Abraham Maslow’s Hierarchy of Needs (1943), is one of the basic human motivations, in which individuals need both esteem from other people (external sources) as well as inner self-respect (internal). Some authors, like Rosenberg (1965), have described it in terms of one’s overall general self-worth that is a relatively stable belief. Others, like Brandon (1969), see self-esteem as made up of two specific rather than general components: self-efficacy and self-respect. Ackerman concludes that typically three components make up self-esteem: 1) it is an essential human need that is vital for survival and normal, healthy development; 2) it arises automatically from within based on a person’s beliefs and consciousness; and 3) it occurs in conjunction with a person’s thoughts, behaviors, feelings, and actions.

After beginning with the explanation of the previously defined three aspects related to self-esteem, Ackerman orients the rest of her article on aspects of “Popular Theories of Self Confidence.” These include Maslow’s “Hierarchy of Needs” (1943), “Terror Management Theory” (Greenberg & Arndt, 2011), and “The Sociometer Theory” (Leary, 2006). She then shares three science-based exercises to download that equip the reader (a coach perhaps) to help others (the coach’s athletes) create a kinder and more nurturing relationship with themselves.

In the next section of Ackerman’s article, three very interesting and important aspects of self-confidence

are the focus. These are: The Importance of Self-Confidence; Too Much of Good Thing; The Consequences of Self-Esteem Education; and The Benefits of Fear: Practicing Courage and Building Confidence. All are worthy of considering and elaboration but that can be for another time/article or two. The section that will be the particular focus of the rest of this article will be “9 Lessons for Practicing Self-Confidence” as these seem to be the most related to coaching.



Applications for coaches

Lesson #1 Stand or Sit in a Posture of Confidence

Referring to a TED Talk by Amy Cuddy of Harvard University (2012), “An individual’s posture does not just reflect the level of confidence or insecurity. Posture can send messages to the brain that can actually change the way you feel. So, if you want to feel more powerful, sit up straight, smile, or stand in a ‘power pose,’ and that message will be sent to your brain. Look for the sensations of confidence and practice feeling them more in your body. Feel your feet on the ground, keep your body relaxed and open. *Think regal.*”

Message for the coach. Taking a “power pose” should be learned by both the coach and the coach’s athletes. Not only can it send a powerful message to others, especially an opponent, but it contributes to both confidence at that moment in time but also to an enhancement of more future feelings of confidence in general. Performance is benefitted due to the feelings of confidence. Sport sociologists have noted the practice by athletes striking what has been termed a “cool pose,” a pose that displays confidence and power, as a factor influencing the poser’s confidence feelings but also influencing the perception by an opponent that competitive success may be less attainable.

Lesson #2. Practice Presence

This lesson relates to the concept of mindfulness. Basically, this entails the awareness of what you are experiencing from your surroundings. Ackerman suggests a procedure to practice mindfulness. She recommends starting with a focus on body parts, that is, becoming aware from the feelings in the feet to the head and all parts of the body in between. Add to it with the awareness of your breathing, heart, alimentary canal, etc., what you are hearing, smelling, tasting, and so forth. Mindfulness has been proven to have significant benefits for physical and psychological wellbeing.

Message for the coach. Remember the coach in the film “Hoosiers” taking his team into the largest gymnasium in which the team had ever played to then compete for the Indiana State boys’ basketball championship. After having them take in their surroundings, he demonstrated that the height of the basket rim was still 10 feet from the floor and the free throw line 15 feet from the basket. He had his team using mindfulness to experience their presence in the arena but also giving them the

confidence that taking shots would require only what were the same dimensions as their home court. Perhaps a team should experience the competitive site before the formal practice period is scheduled to acclimate the team to the environment. An earlier trip to the game site would help the team become more mindful of their surroundings before being distracted later by other competitors, officials, spectators, etc.

Lesson #3. Build Your Capacity for Energy

Ackerman indicates that some stress can keep us alert and give us the extra energy needed to perform. But often we are told that stress, and especially anxiety, are not a good preperformance state of mind. If experiencing nervous jitters before competition, reframe it as excitement! Knowing how to engage with these feelings in your body, rather than trying to eliminate them, will expand your presence and aid performance.

Message for the coach. The concept of reframing is a prevalent focus of applied sport psychologists and consultants. But if you are a school coach or a youth coach, hiring a professional to help athletes learn the practice of reframing or other mindfulness aids is mostly unavailable. However, there are courses and workshops where coaches can learn the basics of these practices in order to help their participants also become more aware of the possibilities. Let me share a personal experience as an example. A university golf coach was concerned that one of his better golfers was not performing up to expectations. The coach’s former professor who taught psychology of sport was contacted and asked if it was possible to talk to the golfer and try to uncover the possible reason or reasons for the lackluster performance. During an interview with the consultant, the golfer shared that often he

was confronted by having to make a choice between playing a safe shot or one that entailed greater risk but potentially more reward. Both before, and even as he was about to swing the club, his thoughts were more about what the coach would want instead of his movement through the swing and if he chose poorly, how would the coach react. So the consultant asked, “Is it permitted to talk to your coach while you are playing?” The golfer said it was possible if the coach was nearby. So the recommendation to the golfer was the simple instruction, “The next time you are concerned about what you should do, and the coach is available, ask him for his recommendation.” The golfer agreed to try to do this although it seemed alien to him mostly because the high school experience was one where his coaches were not permitted to interact during the round. Post script: the golfer finished first in his next intercollegiate tournament (although it is uncertain if the advice given was taken during the round). Perhaps too often, coaches can tend to use a direct or command style of communication. Coaches, in addition to communication about an athlete’s movement skills, consider interactions with your athletes also about what they are experiencing and of what they are aware.

Lesson #4. Exercise Regularly

Exercise has a strong relationship to confidence. Regular exercise releases endorphins which in turn interact with the opiate receptors in the brain. A pleasurable state of mind can be the result and viewing oneself in a more positive light can occur, that is, greater self-confidence.

Message for the coach. On the surface, this seems a no-brainer to coaches in which physical performance is required and especially if it is of a physically stressful nature. But to enhance self-confidence, all

performers regardless of the demands of the competition benefit from regular exercise. While it is easy to accept regular exercise for the long distance runner, what about regular exercise for other less strenuous activities? If chess players and game show contestants like those on “Jeopardy” benefit from regular exercise, certainly those you coach should also have regular exercise promoted. And this includes preseason, off-season, and in-season. But too often, coaches assume exercise during practice, which tends to be only during normal skill practice, with some “warming up,” will suffice—but it doesn’t over the course of the typical length of the competitive season without regular exercise apart from the normal practice.

Lesson #5. Visualize: Imagine Confidence

Ackerman suggests, “Close your eyes and relax your body completely. Stay firmly connected to the sensation of relaxation and in your mind’s eye, see yourself doing whatever activity for which you would like more confidence. Allow the feelings of a comfortable presence (Lesson #3) to pervade your body and your mind.”

Message for the coach. For decades, psychology of sport has promoted the procedure of “mental practice” to improve performance and learning. Ackerman’s intent, while focused on performance also, is more concerned with building self-confidence. Implied in her recommendation is performing well. The more you see yourself performing a skill well, and also within realistic expectations, the better actual performance may result. A further step in the process would be mental rehearsal, that is, a focus on the performance in your mind’s eye immediately before actual performance. Another popular sport psychology procedure is to prepare players to mentally rehearse positive outcomes rather than a focus

on avoiding a mistake. When you are about to begin your approach in bowling, is your mind focused on a successful performance or are you consumed by worry about finding the gutter? Focus on the positive.

Another golf example: when I play with others, and the foursome arrives at a water hole par 3, I see fellow golfers often reach in their golf bag and retrieve an old ball to use for the tee shot. Such negative thinking increases the chances that their performance will deteriorate and a better chance to find the water. If, in competition, such behavior gives their opponent greater confidence that the chances of winning the hole have been increased substantially.



Lesson #6. Give Yourself Permission to Be In the Process, Take Risks and Make Mistakes

We need to understand that failure is inherent in pursuing a goal. Even if one is exceptional in some areas of life, it is likely struggle will occur in others. When we try something new, you are expanding your own limitations. When you successfully complete something that is out of your confidence zone, you are building confidence in yourself. But trust that it’s okay not to be perfect.

Message for the coach. Michael Jordan, still considered among the very best basketball players of all time, shot less than 50% from the field. He is often quoted as saying that he never learned anything from the shots he made. We need to accept, as coaches, that perfection is an unattainable goal. The best we can hope for is that our athletes improve as a result of the opportunities we provide for them. It is especially rewarding when an athlete works on a skill or task out of what Ackerman defines as their confidence zone because that builds confidence. What doesn't build confidence is extended criticism, negativity and yelling. Don't accept someone not putting forth the effort or displaying a negative attitude. But when the effort is there, provide positive feedback regardless of the skill outcome. One approach is to use what has been termed a "sandwich approach" to feedback. Some, like renowned sport psychologist Bob Weinberg, suggest the sandwich approach entails three statements. First and last are positive statements. In between, offer the corrective feedback. For example, "I know you are really putting in the practice time on your vault. However, your run-up speed is still a bit too slow; you need to work on increasing the approach speed. I know you are committed to improvement—keep at it!" But prior memory research supports a "recency-primacy effect": you best remember what came most recently, then what came first, and lastly, your memory from items presented in the middle least. Thus, others argue that what you need to remember is an "open-faced sandwich" model. Lead with a positive statement. Follow it with the corrective or instructional statement if correction and instruction are your goals. The second instructional statement, the more important for subsequent skill improvement, will be remembered better.

Lesson #7. Clarify Your Goals

Since the 1970s, teachers of sport psychology have been telling their students that when goal setting, five aspects to remember are represented by the acronym S.M.A.R.T. Goals should be specific, measurable, attainable, relevant, and time-bound. Locke's (1968) research suggests that goals formed with these five guiding principles lead to greater and more consistent achievement.

Message for the coach. How many coaches really sit down with an athlete and try to work on these five principles? It takes effort and at times it is difficult to try to be specific ("throw harder" [too general] versus "reach 95 mph consistently with your fastball" [more specific]). Some sports lend themselves easily to measurement ("make at least 70% of your free throws" versus just "shoot better"). "Lift the suggested 1RM % for 15 reps, 3 sets and at least 3 times a week, and you can attain the increase in strength we have set as your goal in the off-season." Relevancy and time-bound are demonstrated in this application. Relevancy is especially improved if the athlete is involved in the goal setting process rather than goals being set for the athlete by the coach.

Lesson #8. Speak Well to Yourself

That's right—to yourself! Ackerman's message here is that positive feedback and approval from others (external) is fine but internal approval is what we need to experience. "Speak to yourself with self-compassion, kindness, and encouragement. After all, the most important relationship you have in your life is with yourself—make it a good one!"

Message for the coach. The usual expectation here would be to turn this focus off the coach and toward the athlete. Certainly, coaches

should show compassion, kindness and encouragement to their athletes. Athletes may also need the same type of encouragement to focus on themselves. But coaches (and all of us really) can be too hard on themselves. Be less critical and more positive. I see coaches ask their players to have fun but then don't enjoy the experience themselves. Put a little fun into practice and competition—you'll feel better about the experience and about yourself.

Lesson #9. Ask for Help and Offer Your Help to Others

In our culture, we place high value on self-reliance. But that perspective can prevent the reaching out to others. Yet, working toward our goals often requires the participation with others. In addition, a core feature of self-confidence is being valued by others. Ackerman asserts that, "Collaboration among people creates the most powerful results. When we reach out to others, we can see our efforts flourish in ways that we could never achieve on our own."

Message for the coach. The application to coaching seems rather straightforward here. Successful coaching requires the participation with many others. First and foremost are the coaches we label as assistants or associates but there are a host of others: trainers, strength and conditioning specialists, doctors, administrators, etc. Other coaches often will be very open to sharing ideas and views even with a coach with a team with which there will be competition. A final resource: the athletes themselves. Too often we learn that coaches rarely solicit the athlete's point of view. And yet, they are as close to the action as it can get. Following this last lesson, coaches need to solicit the input from others and be receptive to different points of view if they are to fully achieve their goals.

Summary

The table included in the text provides for quick inspection of each lesson and message highlights. While Ackerman is a psychologist and is not focusing on sport and physical activity, her ideas translate into important considerations for all coaches. Let's look forward to more confidence on the part of both the coach and the athletes the coach better serves by trying to apply Ackerman's lessons.

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TABLE • 1

Ackerman's 9 Lessons for Improving Self-Confidence	
Ackerman's 9 Lessons	Message to Coaches
Lesson #1 Stand or Sit in a Posture of Confidence	Power & Cool Poses Think Regall!
Lesson #2. Practice Presence	Be mindful of the environment Be aware of your body
Lesson #3. Build Your Capacity for Energy	Reframe anxiety into excitement Be aware of what athletes are experiencing
Lesson #4. Exercise Regularly	In preseason, off-season, and in-season Exercise→Brain pleasure→ >Confidence
Lesson #5. Visualize: Imagine Confidence	Practice: See self performing well Rehearsal: Focus on + performance
Lesson #6. Give Yourself Permission to Be in the Process, Take Risks and Make Mistakes	Jordan: Learn from mistakes, not makes Open-face sandwich style feedback
Lesson #7. Clarify Your Goals	Goal setting = S.M.A.R.T Involve athletes in setting own goals
Lesson #8. Speak Well to Yourself	Speak to yourself with self-compassion, kindness, and encouragement
Lesson #9. Ask for Help and Offer Your Help to Others	Self-confidence is being valued by others Solicit the athlete's point of view

Robert Stadulis is an emeritus professor of Exercise, Leisure & Sport at Kent State University. He currently serves as a consultant to the Program for Research on Anxiety Disorders in African Americans in the Department of Psychological Sciences at Kent State. Stadulis and colleague Karin DeOreo established and taught the first undergraduate course in sport psychology at Kent State in the 1970s. He later instituted the Coaching Minor at Kent State and taught Coaching Methods and supervised Coaching Internship experiences. Among his extensive list of publications are those that focus upon sport competition anxiety and social physique anxiety. He was active for many years as a youth baseball coach and later as a middle school golf coach.

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the following issue of *Future Focus*. Unlike “proceedings” print publications offered by many conferences, with the advent of digital formats like the one OAHPERD uses for convention information, after a few months the descriptions of the convention presentations vanish from one’s own digital resource as the app no longer accesses the information. The following were presentations offered at the 2023 OAHPERD Convention.

Student engagement with campus recreation*

By Ali Talcott

Purpose of the Study

To survey college students and assess their perception of the constraints involved in participating in campus recreation and identify what strategies students use to overcome the constraints.

Benefits of being involved with campus recreation¹

- Positive impact on student retention
- Positive impact on student GPA
- Opportunities for friendship and gaining esteem from others
- Increase resiliency, enhance well-being
- Ability to better cope with stress

Research questions

- What constraints do college students face to being involved with campus recreation?
- What negotiation strategies do students use to overcome constraints?

Leisure Constraint Theory²

Three categories of constraints:

1. Intrapersonal—Individual and psychological, lack of knowledge, lack of interest
2. Interpersonal—Lack of partners
3. Structural—Facilities and services-related problems, financial and accessibility, time

Leisure Constraint Negotiation Strategies³

Six types of strategies:

1. Time management
2. Skill acquisition
3. Physical fitness
4. Interpersonal relations
5. Financial management
6. Intrapersonal validation

Study Findings

- Students experience leisure constraints with time constraints most often, followed by lack of knowledge, and lack of partners
- Students utilize different leisure constraint negotiation strategies with intrapersonal validation the most often, followed by interpersonal relations, and skill acquisition

References

- ¹ Beggs et al., (2014); Belch et al., (2001); Brock et al., (2015); Forrester et al., (2018); Makubuya et al., (2020); Mayers et al., (2017); Shellman & Hill, (2017)
- ² Crawford & Godbey (1987); Crawford et al., (1991); Masmanidis et al., (2009); Powers et al., (2019); Young et al., (2003)
- ³ Beggs et al. (2005); Elkins et al., (2007); Kaas & Çerez, (2016); Powers et al., (2019); Young et al., (2003)

* This was presented at the 2023 OAHPERD Convention in the session, “Current Topics in Sport,” organized by Donna Pastore, The Ohio State University

Ali Talcott is the Campus Programs Coordinator at The Ohio State University (Talcott.9@osu.edu). This study was her dissertation topic for the Sport Management PhD at OSU under the direction of Donna Pastore.

The Impact of Burnout Symptoms on Adapted Physical Education Specialists' Teaching Experiences*

By Mariah Clay

Adapted physical education (APE) specialists play a critical role in promoting physical activity and education for students with disabilities. However, the demanding roles and responsibilities of the profession can place APE specialists at risk of experiencing burnout symptoms, which can significantly influence their teaching experiences. The purpose of this study was to explore how perceived burnout symptoms influence APE specialists' teaching experiences. A narrative inquiry design was used in the conduct of the study situated in role socialization theory. The participants were four APE specialists employed in a Columbus City School District in Central Ohio. Preliminarily, a demographic questionnaire and a quantitative survey (i.e., Maslach Burnout Inventory—Educators Survey) was used to measure the APE specialists' experiences of burnout symptoms while teaching. The

qualitative data collection strategies were: (a) field notes generated during nonparticipant observations of lessons, (b) three semi-structured interviews with each APE specialist, and (c) one focus group interview with all participants. Lastly, triangulating, member checking, memoing, and peer debriefing were used to establish trustworthiness with a thematic analysis approach for data analysis.

* This dissertation study was presented as a poster at the 2023 OAHPERD Convention. The study completed data collection in late April and then scheduled to be defended on June 24th. Mariah Clay is a Doctoral Candidate, Kinesiology-Department of Human Sciences, College of Education and Human Ecology, The Ohio State University.

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Pre-service teachers' voices about learning through a practice-based teacher education approach*

By Insook Kim and Idowu Tope Aisha Adekanbi

Practice-based teacher education (PBTE) is an approach to preparing pre-service teachers (PSTs) by focusing on the importance of developing their teaching ability within approximate or actual teaching settings in physical education (Ward et al., 2022). PBTE emphasizes deliberate and systematic enacting of teaching using approximations of teaching practices that have a strong reflective component that leads to adaptive teaching. Two common pedagogies used in PBTE are *Teaching Rehearsals* and *Repeated Teaching*. Teaching rehearsals for specific lessons, content, and contexts involve peer teaching and provide experience for the PST in the role of a teacher and as an observational learner in the role of a student on campus (Lampert et al., 2013). PSTs can reflect on and make sense of their experiences and learn some content and pedagogy adjustments during the teaching rehearsals. However, those adjustments may not always lead to PSTs' improvement in actual teaching given diverse students who have different learning needs (Ward et al., 2022). Repeated teaching is to teach the same lesson to different groups of students within an actual lesson in the school setting (Ward et al., 2022). As a PST reteaches the lesson, a strong focus is placed on the PST to understand the nuances in lessons and change their lesson based on past teaching experiences, reflection, and in-the-moment decision-making

or adaptation (Lampert et al., 2013). The central focus of PBTE is the consideration of transferable knowledge and skills that prospective teachers must acquire in their teacher training (Ward & Cho, 2022). The purpose of the current study is to explore the perspectives of preservice teachers on the use of two PBTE elements, *Teaching Rehearsals* and *Repeated Teaching*, in their physical education classes. This study was part of a large study conducted with other research members.

Research Methods

Eight PSTs (three juniors and five seniors; seven males and one female) enrolled in secondary physical education content/methods blocked courses or student teaching, emphasizing the two pedagogies of teaching rehearsals and repeated teaching, were

purposely selected for the study. Their pseudonym names were used for the study. Ten semi-structured questions related to the use of two PBTE elements were developed, ensuring the questions were aligned with the PBTE pedagogy focus. Individual interviews through Microsoft Teams (approximately 30 minutes in length) were conducted to collect the students' detailed responses to the questions. Interviews were recorded and transcribed verbatim. The collected data was analyzed using inductive thematic analysis (Braun & Clarke, 2012). To check trustworthiness, the primary investigator, having sustained work as a teacher educator and involvement in the work of PBTE project as a research team member, conducted the member checking process (Patton, 2015).



* This study was presented as a poster at the 2023 OAHPERD Convention.



Results

Despite the differences in the eight pre-service teachers' experiences in teaching rehearsal and repeated teaching, four themes emerged based on their responses, explaining how these two PBTE pedagogies have helped them. The following are the themes that emerged based on their perspectives: (1) developing teaching confidence/quality, (2) learning to adapt, (3) continuous reflection, and (4) using more task progressions. Several quotes were generated from their responses concerning how teaching rehearsals and repeated teaching have helped them improve their content knowledge and teaching skills:

Five PSTs (63%) explained the improved teaching confidence/quality through teaching rehearsals and repeated teaching experiences using the same lesson plan. Some expressed how they improved their classroom management behaviors, efficiently managing their time, equipment, and transition and using clearer verbal instructions and specific feedback about their skill performances.

"My management skills sharpened up over time when we repeated the skill. I was able to be better, better conduct myself and the lesson itself in a timely way."—Matt

"If they don't understand what I mean when I say bring your arm this way or put your leg this way or something like that at first, I can adjust it for the next class in a way that it's more efficient. Repeated teaching taught me how I am going to shorten this or how this is going to work and how I can get the maximum of time of them being in the activity."—Sam

"It allows me since I'm teaching it repetitively over and over to add extra feedback other than just OK, this is the queue for today. Maybe it's another motor skill or something that I can pinpoint or give them a little bit more of individual feedback instead of just global feedback."—Nicky

Four PSTs (50%) emphasized learning to adapt the content and pedagogical strategies by identifying issues and struggles made by diverse students who have different learning experiences. Through repeated teaching experiences, PSTs were able to figure out what they should adjust and when are the good times to adjust the lesson.

"That sometimes it just, you know, one may work perfectly for one class and may not work for the other, definitely learn how to be adaptive on my feet."—Joy

"I've definitely through my lessons on any day I've changed or made adjustments. I think management is one thing that can always be adjusted throughout lessons. It's not changing the whole."—Sam

Five PSTs (63%) discussed the importance of ongoing teaching reflections, developing their critical eyes in analyzing their teaching behaviors, and understanding their students better through repeated

teaching. In addition, some PSTs stated their opportunities to reflect on their teaching errors and possible error corrections during peer-teaching debrief sections.

"Reflection's the huge thing. After each lesson, I like to do a quick question about what worked for me and what didn't work for me."—Adam

"I learned a lot from each lesson as it goes on, you just figure out based on the skill level of your class, sometimes it's going to have to change. Activities might be longer, they're better at the scale that they might be shorter and be more gameplay. It really depends on the students. If something works in the first period, it might not work the same in the second period, but you want to build off from the first period to the next and then. Sell it from there."—Matt

Six PSTs (75%) responded that they frequently used more refining and extending tasks through repeated teaching experiences, which demonstrated their increased content knowledge. They exclaimed that they were able to frequently stop a whole class to refine their students' skills and provide more challenging tasks



for high-skilled students or easier tasks for low-skilled students who were struggling with completing the given tasks.

“A lot of times it helped me extend the task to make it a little bit more of a challenge or add some of those extensions that I want to be able to do.”—Sam

“Now is the appropriate time to add this extension or now I can see that this is an appropriate time to add this modification. You become a lot more aware with repeated teaching.”—Joy

“Maybe you're expecting them to succeed at a high level, assuming you can go and move forward to your next task progression, but that doesn't always happen, so you know us as teachers, our job is to evaluate them the whole class. So if that first activity isn't going well. You can back it up, you know.”—John

Discussion

The findings from this study indicated the efficacy of the two pedagogical strategies in supporting PSTs' teaching skill acquisitions, confidence, and adaptations in their physical education teacher education programs. These findings encourage useful conversation among physical education teacher education faculty to evaluate their potential areas of focus within their programs. The implications of the use of PBTE components in research and practices will allow teacher educators to implement some step-by-step, not all at once and investigate the program outcomes of PSTs' adaptive pedagogies and contents that ultimately result in student learning in schools through future studies.

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Mental Health and Social Support among Hispanic Adults: Exploring Challenges and Opportunities for Intervention

By Liliana Rojas-Guyler, Kruti S. Chaliawala, Solimar Jimenez, T'Keyah Grier and Don P. Jason III

Objectives: To better understand the health disparities and role of social support within the Hispanic population, including mental health, attitudes towards the COVID-19 pandemic, and health-seeking behaviors. **Methods:** The current study examined the mental health indices, health-seeking behaviors, COVID-19 parameters, and the importance of social support for Hispanic individuals based on their citizenship status and birthplace. A secondary data analysis of the 2020 NHIS survey was conducted. The dataset was divided based on the individuals who answered "Hispanic" as their preferred race. **Results:** The results indicated that a little more than a third of the Hispanic adults experienced depression and almost two-thirds experienced anxiety, with just less than a third experiencing it daily, weekly or monthly. However, relatively few (less than 10%) sought medical treatment and/or were unable to seek treatment due to cost. Various descriptive analyses were carried out to answer multiple research questions in this study. **Conclusions:** Hispanic adults may face more health adversities than their counterparts. Studies on mental health, specifically anxiety and depression among Hispanic adults, are needed. Moreover, the immigration status of Hispanic adults may dictate their attitude toward help-seeking behaviors (Center for Disease Control and Prevention, 2021). This study adds a valuable resource to the literature by providing an understanding of some of the reasons underlying disparities may be experienced by Hispanic communities.

Keywords: COVID-19, Hispanics, immigration, mental health

The COVID-19 pandemic has significantly impacted communities worldwide, exacerbating health disparities and affecting various aspects of individuals' lives. The Hispanic population in the United States has been particularly affected, experiencing disproportionate adverse outcomes during this crisis (Center for Disease Control and Prevention, 2021). Understanding the knowledge, attitudes, practices, and mental health concerns of the Hispanic population concerning COVID-19 can be crucial for addressing these disparities and developing targeted interventions.

Previous research has highlighted racial disparities in knowledge, attitudes, and practices related to COVID-19 within the United States (Alobuia et al., 2020; McCormack

et al., 2021). Such disparities are of particular concern in Hispanic communities, as this population faces unique challenges and vulnerabilities. Hispanic individuals have consistently reported higher levels of psychological distress, including symptoms of depression and anxiety, compared to non-Hispanic whites (Flores et al., 2008; National Center for Health Statistics, 2015). The unique circumstances and stressors introduced by the pandemic may have influenced the mental health landscape within this population. Understanding any shifts in mental health needs and disparities during COVID-19 is imperative for informing targeted interventions and addressing the evolving challenges faced by Hispanic individuals. Despite heightened mental health

needs, Hispanics are historically less likely to seek mental health help, contributing to persistent healthcare disparities (Lagomasino et al., 2005).

Factors contributing to the mental health challenges experienced by Hispanic adults during the COVID-19 pandemic are multifaceted. Acculturation stress, immigration stress, and discrimination significantly impact Hispanic individuals' mental health and well-being (Cervantes, Gattamorta, & Berger-Cardoso, 2019; Guntzville, Williamson, & Ratcliff, 2020). The cultural value of familismo, emphasizing strong attachment and support within the family, has been identified as a protective factor promoting mental health among Hispanics (Campos et al., 2014; Sabogal et al., 1987). Furthermore, the COVID-19

pandemic has added another layer of disparity experienced by the Hispanic population, particularly regarding healthcare access and outcomes (De Ramos et al., 2022). Undocumented Hispanics face even greater health outcomes disparities than documented Hispanics (De Ramos et al., 2022). Immigration status, socioeconomic factors, and limited access to resources compound the challenges Hispanic individuals face during this crisis (Villatoro et al., 2022).

Problem and Research Questions

To address existing knowledge gaps and gain insights into the experiences of Hispanic adults during the COVID-19 pandemic, this descriptive study aims to explore factors associated with social support, mental health, and health-seeking behaviors within this population. The research questions guiding this study encompass the prevalence of depression and anxiety, the reported social support levels among Hispanic adults, their health-seeking behaviors, and their specific experiences related to COVID-19. By employing a descriptive approach to examine these variables, this study seeks to contribute to a nuanced understanding of the challenges the Hispanic population encounters amidst the COVID-19 pandemic. The findings are anticipated to provide valuable insights that can inform the development of targeted interventions to support the mental health and overall well-being of Hispanic individuals (Campos et al., 2014; Guntzviller et al., 2020).

The following research questions were explored:

1. What proportion of Hispanic adults reported depression or anxiety?
2. What level of social support was reported by Hispanic adults?

3. What health-seeking behaviors were reported by Hispanic adults?
4. What COVID-19 experiences (e.g., testing, symptoms, etc.) did Hispanic adults report?
5. What mental health-seeking behaviors were reported by Hispanic adults?
6. What pattern of social support do Hispanic adults report based on the length of their stay within the US?
7. Was immigrant status associated with reporting COVID-19 positive test results?

Methodology

Study Design

The research design of this study was non-experimental. Existing data from the National Health Interview Survey (NHIS) conducted in 2020 were used for this study (CDC, 2021). The secondary data analysis for this study was conducted upon approval from an IRB request for the Determination of Non-Human Subject research due to anonymity and public availability (IRB ID#2021-0977). The raw data from the NHIS were analyzed using various statistical procedures to answer the research questions.

Participants

In 2020, there were 31,568 sample adults interviewed. Of these, 46% ($n = 14,521$) participants self-identified as males, 54% ($n = 17,045$) identified as females and 0.01% ($n = 2$) individuals refused to identify their sex. Within this extensive sample, 12% ($n = 3,833$) identified as Hispanic. It is pertinent to acknowledge that while this study offers valuable insights into the experiences of a sizable subset of the U.S. population, the percentage of Hispanic individuals sampled is somewhat below the estimated 20% of the total U.S. Hispanic population. This observation underscores the need for ongoing efforts to ensure the representation of diverse

TABLE • 1

Frequencies and percentages of demographic variables		
	n	%
Sex (overall sample)		
Male	14521	46.0
Female	17045	54.0
Refused	2	>0.1
Ethnicity—Hispanic Total	3833	12.0
Mexican or Mexican-American	2122	55.4
All other groups of Hispanic ethnicities	1664	43.4
Refused or did not ascertain	45	1.2
Not Hispanic	2	0.1
Sex within Hispanic Sample		
Male	1800	47.0
Female	2033	53.0
Citizenship Status		
Non-citizen	940	24.5
Citizen	2747	71.7
Refused to answer	146	3.8
Born in US w/in Hispanic Sample		
Yes	1866	48.7
No	1849	48.2
Refused to answer	118	3.1

demographic groups in research studies, fostering a more inclusive understanding of the complexities within the broader population. The age of the participants ranged from 18 years to 85 years and above.

The final sample size for this study was 3,833. The remaining 87.8% ($n = 27,735$) were excluded from the data analysis. Table 1 demonstrates the frequencies and percentages of various demographic characteristics of the participants analyzed in the current study.

Procedure

The National Health Interview Survey (NHIS, 2021) is a nationally representative household survey of the US civilian noninstitutionalized population (Center for Disease Control and Prevention, 2021). It is a cross-sectional survey that the National Center

for Health Statistics (2021) conducts. Data collection is continuous and collected from January to December of each year (National Center for Health Statistics, 2021). The NHIS utilizes a geographically clustered sampling to produce a nationally representative sample of US households. Individuals were excluded from the survey if they did not have a fixed home address. It is essential to recognize that this exclusion criterion, while contributing to the survey's methodological rigor, may have influenced the observed lower percentage of Hispanic individuals compared to the total U.S. population. The exclusion of those without a fixed home address introduces a potential source of bias, as individuals experiencing housing instability, who might be more prevalent in certain demographic groups, could be underrepresented in the sampled population. NHIS interviews are conducted at each selected home in a face-to-face format both in English and Spanish. However, due to the COVID-19 pandemic, data was collected through phone interviews from March 2020 to June 2020. From June 2020 to December 2020, in-person interviews were added to phone interviews. Due to this, sample adults included in the 2019 NHIS were eligible to be reinterviewed for the 2020 NHIS interview if they met the sampling criteria (Center for Disease Control and Prevention, 2021).

Instrumentation

This study utilized different variables to assess social support, mental health indices, and health-seeking behaviors during COVID-19 among Hispanic adults. The selected items pertained to the respondents' demographics, general healthcare access, and COVID-19 effect on healthcare access, social support, depression status, anxiety status, and COVID-19 status.

Mental Health. Participants were asked the following questions regarding depression: 1) "Think about the last time you felt depressed, how depressed did you feel?" (a little, a lot, somewhere in between); and 2) "How often do you feel depressed?" (daily, weekly, a few times a year, never). Participants were asked the following questions regarding anxiety: 1) "Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?" (a little, a lot, somewhere in between); and 2) "How often do you feel worried, nervous, or anxious?" (daily, weekly, a few times a year, never).

Mental Health Seeking Behaviors.

Participants were asked the following questions: 1) "During the past 12 months, did you take prescription medication to help you with any other emotions or with your concentration, behavior or mental health?" (yes, no); 2) "During the past 12 months, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?" (yes, no); 3) "Are you currently receiving counseling or therapy from

a mental health professional?" (yes, no); 4) "During the past 12 months, have you delayed getting counseling or therapy from a mental health professional because of the cost?" (yes, no); 5) "During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional, but did not get it because of the cost?" (yes, no).

Social Support. Participants were asked the following questions: 1) "How often do you get the social and emotional support you need? (always, usually, sometimes, rarely, never) and 2) "Compared with 12 months ago, would you say that you now received more social and emotional support, less social and emotional support, or about the same?"

Health Seeking Behaviors.

Participants were asked the following questions to determine the last type of doctor visit: 1) "Was this a wellness visit, physical, or general-purpose check-up?" (yes, no); 2) "Is there a place you usually go to if you are sick and need health care?" (yes, no); 3) "What kind of place you usually go to if you are sick and need health care?" (doctor's office or health center, an urgent care center,



a clinic in a drug store or grocery store, a hospital emergency room, a VA medical center or VA outpatient clinic, or some other place); 4) “During the past 12 months, have you delayed getting medical care because of the cost? (yes, no); 5) “Needed medical care but did not get due to cost in last 12 months?” (yes, no); 6) “In the past 12 months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?” (yes, no); 7) “About how long has it been since you last saw a doctor or other health professional for a wellness visit, physical, or general-purpose check-up?” (within the past year, within last 2 years, within last 3 years, within last 5 years, within last 10 years, 10 years ago or more); and 8) “About how long has it been since you last saw a doctor or other health professional about your health?” (within the past year, within the last 2 years, within the last 3 years, within the last 5 years, within the last 10 years).



COVID-19. To assess COVID-19 status, experiences, and effect on healthcare access, various items were analyzed. Participants were asked the following questions: 1) “Has a doctor or other health professional ever told you that you had or likely had coronavirus or COVID-19?” (yes, no); 2) “Have you ever been tested for coronavirus or COVID-19?” (yes, no); 3) “Did the test find that you had coronavirus or COVID-19?” (yes, no); 4) “How would you describe your coronavirus symptoms when they were at their worst?” (no symptoms, mild symptoms, moderate symptoms, severe symptoms); 5) “Were any of your appointments done by video or by phone because of reasons related to the coronavirus pandemic?” (yes, no); 6) “Was there any time when you delayed getting medical

care because of the coronavirus pandemic?” (yes, no); 7) “Was there any time when you needed medical care for something other than coronavirus, but did not get it because of the coronavirus pandemic?” (yes, no); and 8) “Currently at your main job or business, how often do you still need to work closer than 6 feet to other people?” (all of the time, most of the time, some of the time, or none of the time).

Demographics

Demographics were measured with the following items: sex (female, male), age (years), citizenship status (yes, no), U.S. birthplace (yes, no), years the respondent has been the United States (less than 1 years, 1 to less than 5 years, 5 to less than 10 years, 10 to less than 15 years, 15 years or more, unknown) and ethnicity (Hispanic or not Hispanic).

Data Analysis

The data analysis process commenced after securing approval from the Institutional Review Board (IRB) and entailed the utilization of Statistical Package for the Social Sciences (SPSS) Version 28.0. Initially, the dataset was stratified based on participants’ responses to the ethnicity query, specifically segregating those identifying as Hispanic and those not aligning with this identification. The analysis aimed to delve into diverse facets of social support, mental health, COVID-19 experiences, and health-seeking behaviors among Hispanic adults. Frequency distributions and descriptive statistics were employed to elucidate these aspects. The analysis covered a spectrum of variables, including anxiety and depression levels, frequency of experiencing anxiety or depression, patterns of social support, and tendencies in health-seeking behaviors, particularly regarding COVID-19. It is important to note that the analytical approach involved planned comparisons to explore associations between these variables. This deliberate methodology allows for a nuanced understanding of potential associations within the dataset, contributing to a comprehensive exploration of the factors under investigation.

Results

The study examined a subset of 3,833 individuals from a larger sample of 31,568 adults interviewed in 2020. As presented in table 1, of these participants, 47% ($n = 1,800$) self-identified as males and 53% ($n = 2,033$) as females within the Hispanic category. Of the 3,833 participants who identified as Hispanic, 55.4% ($n = 2,122$) identified as Mexican or Mexican-American and 43.4% ($n = 1,664$) as other Hispanic ethnic groups. A marginal percentage (0.1%) indicated ‘Not Hispanic’ identification. Further demographic insights revealed that 24.5% ($n = 940$) were non-citizens, while the majority, constituting 71.7% ($n = 2,747$), were

TABLE • 2

Frequency distribution and percentage of anxiety and depression among Hispanic respondents

Variables	n	%
Anxiety—How often feel worried, nervous, or anxious		
Daily	407	10.6
Weekly	417	10.9
Monthly	418	10.9
A few times a year	1186	30.9
Never	1331	34.7
Missing	74	1.9
Anxiety—Level of feelings when last felt worried nervous/anxious		
A little	1243	32.4
A lot	282	7.4
Somewhere in between a little and a lot	914	23.8
Missing	1394	36.4
Depression—How often depressed		
Daily	135	3.5
Weekly	185	4.8
Monthly	248	6.5
A few times a year	906	23.6
Never	2282	59.5
Missing	77	2.0
Depression—level of how depressed		
A little	737	19.2
A lot	216	5.6
Somewhere in between a little and a lot	532	13.9
Missing	2348	61.3

citizens. A small percentage (3.8%, $n = 146$) refrained from disclosing their citizenship status. Regarding nativity within the Hispanic subset, about an equal percent affirmed being born in the United States as well as being born outside the US.

Research Question 1—Mental Health: What proportion of Hispanic adults reported depression or anxiety?

The questions analyzed from NHIS regarding mental health (see table 2) included: did you ever feel anxious or depressed; how often did you feel worried, nervous, or anxious; what

was the level of feelings when last felt worried/nervous/anxious; how often do you feel depressed; and what was the level of how much you were depressed? Of those participants answering the question, a little more than half expressed little anxiety whereas the others said they were either anxious or somewhere between a little and a lot anxious. When dissecting the level of depression, the majority of the participants (61.3%, $n = 2,348$) skipped or refused to answer or answered, “Do not know.” More than a third of Hispanic adults expressed feeling a little, a lot, or somewhat (in between a little and a lot) depressed.

Research Question 2—Social Support: What level of social support was reported by Hispanic adults?

Two questions were used to analyze social and emotional support among Hispanic adults. 1) How often do you receive social/emotional support? and 2) How much social/emotional support did you receive in the past 12 months (which was when COVID was present)? Of the 52.1% ($n = 1997$) participants that responded, the majority of respondents (50.6%, $n = 1010$) indicated that

they always receive social and emotional support. Additionally, 20.0% ($n = 399$) reported usually receiving support. Sometimes receiving support was noted by 7.3% ($n = 278$), while rarely receiving support was mentioned by 2.4% ($n = 91$). A smaller percentage of 5.7% (219 participants) reported never receiving social and emotional support. Additionally, 47.9% ($n = 1836$) either refused to answer the question or were not certain. Regarding changes in social and emotional support in the past 12 months, 52% of the participants who responded ($n = 1995$), 13.1% ($n = 262$) reported more social and emotional support. Moreover, 11.7% ($n = 233$) reported less support, and the majority 75.2% ($n = 1500$) reported same support. There were 48% ($n = 1838$) participants who either refused to respond or were not certain.

Research Question 3—Health Seeking Behavior: What health-seeking behaviors were reported by Hispanic adults?

Of the total sample, 80.5% ($n = 3,087$) answered “yes” when asked “if their last visit was a wellness visit,” while 18.0% ($n = 690$) answered “no.” The rest, 1.5% ($n = 56$), either refused to answer or did not know. Of the

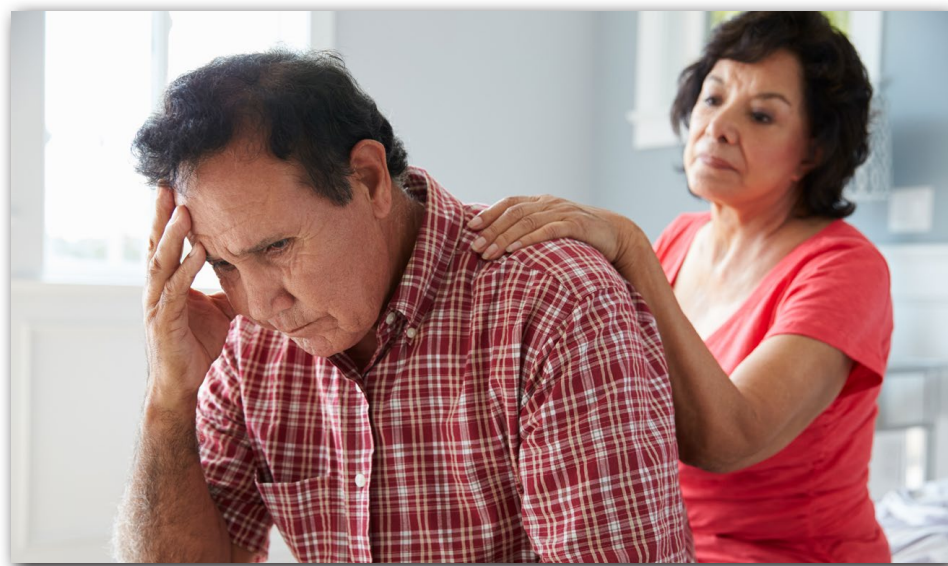


TABLE • 3

Frequencies and percentages of the help-seeking behaviors reported by the Hispanic adults		
Help-seeking behavior	n	%*
Time since last saw doctor		
Never	18	0.5
Within the past year	3072	80.1
Within the last 2 years	404	10.5
Within the last 3 years	126	3.3
Within the last 5 years	86	2.2
Within the last 10 years	49	1.3
10 years	52	1.4
Missing	74	1.9
Was last visit a wellness visit?		
Yes	3087	80.5
No	690	18.0
Missing	56	1.5
Time since last wellness visit		
Never	22	0.6
Within the past year	362	9.4
Within the last 2 years	136	3.5
Within the last 3 years	50	1.3
Within the last 5 years	53	1.4
Within the last 10 years	28	0.7
10 years	42	1.1
Missing	3140	81.9
Have a usual place to go for care		
Yes	3285	85.7
There is no place	451	11.8
There is more than one place	70	1.8
Missing	27	0.7
Type of place for usual care		
A doctor's office or health center	2892	75.5
Urgent care center or clinic	262	6.8
Hospital emergency room	73	1.9
VA Medical Center or VA outpatient	66	1.7
Some other place	44	1.1
Does not go to one place most often	17	0.4
Missing	479	12.5
Delayed medical care due to cost, past 12 months		
Yes	380	9.9
No	3419	89.2
Missing	34	0.9
Needed medical care but did not get it due to cost, past 12 months		
Yes	347	9.1
No	3451	90.0
Missing	35	0.9
Virtual medical appointment, past 12 months		
Yes	677	17.7
No	1405	36.7
Missing	1751	45.7

* Percentages are based upon N = 3833

usual locations where care was sought, 75.5% indicated they sought a doctor's office or health center. Less than 10% delayed medical help due to cost. Table 3 shows each help-seeking behavior reported by Hispanic adults with their relative frequencies and percentages.

Research Question 4—COVID-19 experiences and Hispanic Adults: What COVID-19 experiences (e.g., testing, symptoms, etc.) did Hispanic adults report?

Table 4 provides a comprehensive view of COVID-19-related behaviors and experiences among the surveyed population. Notably, only 3.6% reported contracting COVID-19, while over half (51.1%) did not. Almost a majority (45.3%) refused to answer the question or were uncertain about their COVID-19 status. A majority of those tested also refrained from disclosing their test results and symptoms. Moreover, a noteworthy percentage reported delays in or a complete lack of medical care, suggesting potential barriers or hesitancy in seeking timely health-care. A substantial proportion (79.8%) reported engaging in virtual medical appointments due to pandemic.

TABLE • 4

COVID-19-related experiences: Testing, symptoms, and health-seeking behaviors among Hispanic adults		
	n	%
COVID-19 Status		
Contracted COVID-19	37	3.6
Did not contract COVID-19	1,958	51.1
Refused/Did not know	1,738	45.3
Test for COVID-19		
Tested for COVID-19	711	18.5
Never tested for COVID-19	1,383	36.1
Refused/Did not know	1,739	45.4
Test Results		
Tested positive for COVID-19	116	16.4
Did not test positive	571	80.5
Did not receive results	22	3.1
Don't know	2	0.1
Symptoms of COVID-19		
No symptoms	20	14.2
Mild symptoms	41	29.1
Moderate symptoms	57	40.1
Severe symptoms	23	16.3
Health-seeking Behaviors Related to COVID-19		
Of virtual medical appointments, those related to COVID-19	540 of 677	79.8
Of the total who responded, "No medical care due to cost"	312 of 2083	15.0
Of the total who responded, "Delay in medical care due to COVID-19"	429 of 2081	20.6

TABLE • 5

Mental health treatment and counseling/therapy utilization reported by Hispanic adults		
Mental health help-seeking behaviors	n	%
Took medicine for other emotions/concentration/behavior/mental health, past 12 months		
Yes	42	1.2
No	3337	98.8
Total	3379	100.0
Received counseling/therapy from mental health professional, past 12 months		
Yes	330	8.8
No	3439	91.2
Total sample	3769	100.0
Currently receiving counseling/therapy from mental health professional		
Yes	201	5.2 (61.1)
No	128	3.3 (38.9)
Total of those answering “yes” to receiving counseling (overall %)	329	8.6 (100.0)
Delayed counseling/therapy due to cost, past 12 months		
Yes	192	5.1
No	3576	94.9
Total sample	3768	100.0
Needed counseling/therapy but did not get it due to cost, past 12 mo.		
Yes	188	5.0
No	3577	95.0
Total sample	3765	100.0

It is crucial to acknowledge that a notable number of missing values were observed in each category, emphasizing the importance of considering these gaps in interpreting the results on virtual medical appointments, missed medical care, and delayed medical care due to COVID-19 among Hispanic adults.

Research Question 5—Mental Health-Seeking Behaviors: What mental health-seeking behaviors were reported by Hispanic adults?

In examining the mental health treatment and counseling/therapy utilization among the study’s population, several key findings emerged which are reported extensively in Table 5. Regarding the use of medication for mental health concerns, an overwhelming majority (98.8%) reported not taking medication for emotions, concentration, behavior, or mental health issues in the past

12 months. Moving to counseling and therapy engagement, only 8.8% of respondents acknowledged receiving counseling or therapy from a mental health professional in the past 12 months, while the majority (91.2%) did not seek such services during this timeframe. Of those receiving counseling or therapy in the last 12 months, current engagement in counseling or therapy was reported by 5.2% of respondents, with 3.3% indicating non-engagement.

Barriers to counseling and therapy were explored by examining cost-related delays and unmet needs due to cost. A small percentage reported delaying counseling or therapy in the past 12 months due to cost considerations, while the wide majority (94.9%) did not experience such delays. A similar small number of respondents indicated needing counseling or therapy but did not obtain it due to cost constraints, while the great majority (95.0%) reported not facing barriers to accessing needed mental health services based on cost considerations.

Research Question 6 - Pattern of social support as compared to the length of stay in the US: What pattern of social support do Hispanic adults report based on the length of their stay within the US?

Examining the association between sample adults’ years in the United States and social/emotional support in the past 12 months revealed a statistically significant relationship (Contingency Coefficient = 0.141, $p = 0.012$). However, the size of the coefficient indicates only a low strength of association between these two categorical variables are predictable.

Table 6 illustrates the distribution of social/emotional support categories among different residency durations in the United States. Notably, as the duration of residency increases, there is relatively little difference in

TABLE • 6

Social/emotional support in the past 12 months by years in the United States among Hispanic adults						
Years that sample adult has been in the United States	Social/emotional support, past 12 months					
	More social and emotional support		Less social and emotional support		About the same	
	n	%	n	%	n	%
Less than 1 year	3	60.0	1	20.0	1	20.0
1 to less than 5 years	10	18.9	7	13.2	36	67.9
5 to less than 10 years	6	9.4	7	10.9	51	79.7
10 to less than 15 years	11	12.9	13	15.3	61	71.8
15 years or more	78	10.4	80	10.7	593	79.0
Total	108	11.3	108	11.3	742	77.5

social/emotional support. Specifically, regardless of the number of years (dismissing the “less than 1 year” category due to very small response), most individuals tended to report most “about the same” support (67.9 to 79.7%).

Research Question 7: Was immigrant status associated with reporting COVID-19 positive test results?

For this research question, the variables analyzed were citizenship status (Yes/No) and testing positive for COVID-19 (Yes/No/did not get the result). The testing positive for COVID-19 variable was recoded to 1 (“Yes”) and 2 (“No”) with “did not get result” deleted due to insufficient response¹. Table 7 demonstrates the frequency and percentages of COVID-19 and citizenship status among Hispanic adults. The Chi-square test was performed to explore the relationship between Citizenship Status and COVID-19 Testing categories. The cross tabulation revealed the counts and percentages of individuals within each Citizenship Status category (Yes, a citizen of the United States; No, not a citizen of the United States) and their corresponding COVID-19 Testing categories (Yes, No). The table suggests that a higher percentage of Hispanic adults who are not citizens of the United States tested positive for COVID-19 compared to those who are citizens. Specifically, 23.3% of non-citizens tested positive, whereas only 15.1% of citizens did. Conversely, a larger proportion of Hispanic adults who are citizens did not test positive for COVID-19 (84.9%) compared to non-citizens (76.7%).

The test statistics indicate a statistically significant association between Citizenship Status and COVID-19 Testing ($\chi^2 = 5.491, df = 1, p = 0.019$). Further analyses, including

Cramer’s V = 0.091, *p* = 0.019, suggest a discernible relationship between these variables. Although the result is significant, a *Cramer’s V* of 0.091 indicates a relatively weak association, suggesting that there might not be a substantial dependency between citizenship status and the likelihood testing positive among Hispanic adults.

Similar tests of association were applied to assess the relationships between mental health variables (experiencing anxiety and/or depression), social support and demographic variables and the COVID experience. While usually the Chi-Square tests yielded significance, often due solely to category small frequencies causing disproportionality, resulting correlation coefficients evidenced only very small effect sizes with *r*² often <0.02. Therefore, those analyses are not reported in this article.

Discussion

The unprecedented challenges posed by the COVID-19 pandemic have critically impacted the mental health outcomes of Hispanic adults (Villatoro et al., 2022). The present study delved into a nuanced examination of the mental health, social support dynamics, health-seeking behaviors, and COVID-19 experiences within the Hispanic adult demographic in the United States. It is imperative to dissect the multifaceted dimensions from the comprehensive analyses, offering insights beyond descriptive statistics and associations to discern implications for public health policy, clinical practice, and avenues for future research.

Cross-examining the mental health landscape, a substantive portion of respondents disclosed varying degrees of anxiety and depression, reaffirming the pertinence of mental health considerations within this demographic (Guntzviller et al., 2020). Approximately one-third reported experiencing little anxiety, while almost two-thirds acknowledged feelings of anxiety. The manifestation of depressive symptoms displayed a more intricate pattern, with a substantial portion either declining to respond or claiming ignorance. This underscores the complexity in capturing mental health nuances within survey instruments and signals a potential stigma associated with acknowledging mental health concerns (Lerman et al., 2021). Such findings highlight the necessity for culturally competent mental health interventions, cognizant of the intricate interplay between sociocultural factors and mental health perceptions (Diaz & Fenning, 2021).

The exploration of social support dynamics unveils a pivotal facet of the Hispanic adult experience. While a considerable segment reported consistent social and emotional support, a discernable cohort experienced fluctuations in support levels over the past year. This underscores the dynamic nature of social networks within this population,

TABLE • 7

Frequencies and percentages of Hispanic adults who tested positive and negative for COVID-19 based on their citizenship status.

Citizenship status	Tested positive for COVID-19	Not testing positive for COVID-19
Yes, a citizen of the United States % within Citizenship status	79 15.1%	445 84.9%
No, not a citizen of the United States % within Citizenship status	34 23.3%	112 76.7%
Total % within Citizenship status	113 16.9%	557 83.1%

¹ Recoding values in research typically involves changing the original values of a variable into new values based on specific criteria. This process is often done to simplify data interpretation, create meaningful categories, or prepare the data for analysis.

necessitating a more nuanced understanding of the factors influencing these fluctuations (Campos et al., 2014). Acknowledging social support variations mandates interventions that adapt to these fluctuations, promoting resilience and bolstering the supportive fabric within Hispanic communities (Revens et al., 2021). Delving into health-seeking behaviors, most opted for wellness visits, indicative of a proactive approach to healthcare. However, a noteworthy proportion abstained from such visits, hinting at potential barriers or divergent healthcare utilization patterns within this demographic (CDC, 2021). Understanding the factors influencing healthcare-seeking behaviors is paramount for tailoring interventions that resonate with the diverse health perspectives of the Hispanic adult population.

Turning attention to COVID-19 experiences, the study highlights disparities in testing, result reporting, and accessing timely medical care. A substantial percentage opted not to disclose their COVID-19 status, pointing to potential gaps in testing transparency and reluctance to divulge health information. This opacity in COVID-19 reporting raises

pertinent questions about public health messaging efficacy and underscores the need for targeted interventions to bridge these informational gaps (McCormack et al., 2021).

Analyzing mental health-seeking behaviors exposes a complex landscape. A vast majority refrained from utilizing medication for mental health concerns, indicating a potential underutilization of pharmacological interventions within this demographic (Lerman et al., 2021). In contrast, counseling and therapy engagement portrayed a more balanced distribution, albeit with a considerable portion abstaining from such services. Identifying cost-related barriers as impediments to mental health access echoes broader concerns within the healthcare landscape and calls for policy measures to enhance affordability and accessibility (Lerman et al., 2021).

Exploring the association between residency duration in the United States and social/emotional support unveils a statistically significant relationship. In exploring the association between residency duration in the United States and social/emotional support, a low but significant relationship emerged. The low strength of this association suggests that while the duration of residency may play a discernible role in shaping support experiences, it is not the major or sole determinant. Acculturation processes are intricate and multifaceted, involving many factors beyond mere temporal considerations (Cervantes et al., 2019). This underscores the necessity for interventions that appreciate the dynamic nature of acculturation and its varying impacts on social support structures. A statistically significant but weak association is observed in examining the association between citizenship status and COVID-19 testing. Citizenship status alone may not be a robust predictor of testing behaviors among Hispanic adults,

implicating the need for a more nuanced understanding of factors influencing health-related decisions in the context of the COVID-19 pandemic (CDC, 2021).

Implications

Addressing the complex challenges the Hispanic community faces necessitates a nuanced and culturally sensitive approach to intervention strategies grounded in the specific insights garnered from our study. The current research reveals the relationship between residency duration in the United States and social/emotional support among Hispanic adults. This finding underscores the importance of tailored interventions (De Ramos et al., 2022). Specifically, individuals tended to report “about the same” support, ranging from 67.9% to 79.7%, regardless of their residency duration. Understanding the dynamics of social support within the context of immigration history becomes crucial for crafting effective interventions that align with the needs and experiences of Hispanic individuals.

Furthermore, the study sheds light on the mental health challenges faced by Hispanic immigrants, highlighting their heightened vulnerability to mental health disorders resulting from the intricate stressors associated with the migration experience (Revens et al., 2021). Leveraging the robust interpersonal relationships prevalent in Latino culture, as suggested by Lerman et al. (2021), could serve as a promising avenue for fortifying mental health and overall well-being. The findings support the notion that initiatives focusing on social support could act as a linchpin in empowering the Hispanic community to navigate mental health challenges more effectively.

In the context of help-seeking behaviors, the current study aligns with recommendations for



prioritizing educational efforts that accentuate the role and benefits of social support (Lerman et al., 2021). The data indicate varying levels of social/emotional support reported by Hispanic adults, with a substantial proportion either refusing to answer or being uncertain. This highlights the need for targeted educational campaigns that address the nuances of social support within this population, fostering a better understanding of its significance and potentially increasing engagement with mental health resources.

Additionally, the current study emphasizes the importance of structural and systemic support measures aimed at enhancing access to affordable mental health services within Hispanic communities. The observed disparities in health-seeking behaviors, including delays in medical care, point to the need for initiatives advocating for more accessible and culturally competent mental health care services (Gonzalez et al., 2023). Collaborative efforts between health-care providers, community organizations, and policymakers are crucial for reducing barriers to mental health care and fostering a more inclusive and supportive environment for this demographic.

In the realm of mental health education and awareness campaigns, the present findings align with the recommendation to tailor interventions to the linguistic and cultural nuances of the Hispanic population (McCormack et al., 2021). Integrating mental health education into these campaigns could significantly augment disease knowledge and encourage proactive health-seeking behaviors among Hispanic adults. By focusing on mental health literacy, there is a potential to dismantle stigmas, enhance disease understanding, and increase engagement with mental health resources.

Limitations

This study has several limitations that should be considered when interpreting the results. First, the combination of two confounding variables, citizenship status and being born in the US, for statistical analysis may have influenced the results. The reluctance of immigrants to honestly answer the citizenship status question due to fear of immigration authorities could introduce bias into the data (Cervantes, Gattamorta, & Berger-Cardoso, 2019). Furthermore, the survey did not report ethnic group differences among Hispanic adults, which could be important for understanding the nuances of mental health outcomes in this population. The geographic location of the participants was also unknown, which could impact immigration policy enforcement and the availability of community support. Future studies should consider conducting cross-sectional analyses that specifically compare Hispanic immigrants to the non-immigrant population. The present study relied on data collected through the National Health Interview Survey (NHIS), which utilizes a geographically clustered sampling method.

This approach aims to produce a nationally representative sample of U.S. households. However, excluding individuals without a fixed home address, as mentioned in the methodology, introduces a potential bias. This exclusion criterion may inadvertently omit segments of the population, including those experiencing housing instability or homelessness, which could impact the overall generalizability of the findings. Additionally, the NHIS is conducted via telephone interviews, and the reliance on this mode of data collection may introduce biases related to access to phones and willingness to participate.

Another limitation of this research study is the lack of information about the participants' countries of origin and the ages at which they immigrated. These factors can influence mental health and mental health-seeking behavior (Diaz & Fenning, 2021). Additionally, the study relied on secondary data analysis, and missing values were excluded, potentially introducing bias into the results. The findings might be influenced by response bias, prompting a need for a more in-depth exploration of the factors



driving participants' behaviors. For example, the data reveals a higher likelihood among US citizens to report COVID-19 than the immigrant population in this study. Understanding the nuanced motivations behind these disparities is essential for comprehensively interpreting the results.

A final major limitation for the researchers is that we had to accept all the measures as defined by the NHIS as well as assume the survey's reliability and validity as well as the accuracy of the responses. There are a number of issues to raise about certain survey questions and response alternatives that suggest revision. But that is for another article.

In summary, this study is subject to several limitations. The combination of confounding variables, unknown ethnic group differences, and potential response bias, may affect the generalizability of the findings. The absence of information on participants' country of origin, age at immigration, and previous mental health challenges limits understanding the complex factors influencing mental health outcomes. Additionally, relying on secondary data analysis and excluding missing values may introduce bias into the results. Future research should address these limitations to provide a more comprehensive understanding of the mental health experiences of Hispanic adults during the COVID-19 pandemic.

Conclusion

In conclusion, this study highlights the pressing need to address the mental health challenges among Hispanic adults. By developing targeted interventions and policies that consider this population's cultural, social, and economic context, we can work towards improving mental health outcomes and promoting well-being among Hispanic adults. Considering

the identified limitations, future research must build upon these findings to inform evidence-based strategies for enhancing mental health support and social cohesion within the Hispanic community. Through collective efforts, we can create a more resilient and supportive environment for Hispanic adults during times of crisis and beyond.

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OAHPERD Budget 2024-2025

May 1st to April 30th (Approved 3/2/24)

INCOME	2024-2025 Budget	Total Projected through 4/30/24
Memberships		
Professional 1 yr. @ \$50	\$20,000.00	\$18,108.67
Professional 2 yr. @ \$95	\$2,000.00	\$1,805.00
Professional 3 yr. @ \$140	\$1,000.00	\$1,585.00
Corporate @ \$550	\$3,000.00	\$3,425.00
Student @ \$25	\$1,000.00	\$1,480.00
Senior Student @ \$40	\$120.00	\$200.00
Institutional Student @ \$20	\$920.00	\$920.00
Retired @ \$25	\$300.00	\$300.00
Institutional @ \$200	\$600.00	\$400.00
First-Time Professional @ \$35	\$1,050.00	\$2,450.00
Shape America Incentives	\$1,500.00	\$4,362.00
Convention		
Exhibits	\$5,000.00	\$5,350.00
Sponsors	\$200.00	\$175.00
Registration	\$55,000.00	\$53,005.00
Merchandise	\$750.00	\$821.00
Other		
Workshops (Summer Institute)	\$4,000.00	\$4,005.00
Advertising	\$100.00	—
Interest Income	\$250.00	\$1,073.23
Royalties	—	\$56.35
Memorial Scholarship Fund	\$600.00	\$676.00
WPES Dr. Bechtel Legacy Award	\$250.00	\$1,645.00
Processing Fee	\$1,000.00	—
Grants	\$3,500.00	\$3,763.00
Total Income	\$102,140.00	\$105,605.25

EXPENSES		
Officers		
President	\$2,000.00	\$3,049.84
Past President	—	\$147.34
President-elect	\$500.00	—
Future Focus	\$7,775.00	\$8,000.00
Fundraising Coordinator	\$1,700.00	\$1,700.00
Advocacy	\$1,000.00	\$638.87
Awards/Scholarships		
Memorial Scholarship	\$600.00	\$1,000.00
Honors & Awards	\$1,000.00	\$1,195.32
Grants and Research	\$1,000.00	—
Ohio Gold	\$200.00	—
WPES Dr. Bechtel Legacy Award	\$250.00	\$250.00

EXPENSES	2024-2025 Budget	Total Projected through 4/30/24
Conferences/Workshops		
Workshops (Summer Institute)	\$7,000.00	\$9,006.71
SHAPE America LC	\$200.00	\$200.00
Ohio Student Leadership Conf.	\$1,200.00	—
Summer Outing	—	—
Executive Committee/Board		
Mileage	\$1,000.00	\$759.26
Board Meetings	\$500.00	\$493.66
Administrative		
Executive Director/Mgmt. Svcs.	\$53,007.00	\$50,969.00
Executive Director Travel	\$1,500.00	\$2,582.57
General Printing	\$200.00	\$196.78
General Postage	\$50.00	\$34.71
General Telephone	\$1,000.00	\$1,000.00
Supplies	\$1,200.00	\$1,200.00
Storage	\$120.00	\$120.00
Web Page/Membership Mgmt.	\$6,500.00	\$6,216.00
IRS Tax Preparation	\$1,400.00	\$1,250.00
Ohio Attorney General fee	\$200.00	\$200.00
Insurance Liability	\$1,000.00	\$924.33
Bank Charges	\$600.00	\$600.00
Credit Card Service fee	\$2,600.00	\$2,633.37
Technology	\$850.00	\$846.33
Convention		
Audio Visual	\$10,000.00	\$10,913.66
Speaker Expense	\$2,500.00	—
Entertainment	\$3,900.00	\$3,900.00
Staff Expense	\$2,000.00	\$1,944.75
Facility	\$6,200.00	\$6,130.00
Technology/App	\$750.00	\$2,606.43
Supplies	\$150.00	\$679.1
Exhibits	\$4,000.00	\$3,532.36
Giveaways	\$3,000.00	\$2,983.81
Meals/Breaks	\$26,000.00	\$25,240.46
Committee	\$1,000.00	\$1,003.46
Postage/Shipping	\$20.00	—
Printing	\$1,000.00	\$1,661.60
Stipends	\$1,250.00	\$1,250.00
Social	\$2,500.00	\$2,331.82
Substitute Reimbursement	\$500.00	—
Total Expenses	\$161,672.00	\$159,510.11
Net Income	\$(59,532.00)	\$(53,904.86)

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Each manuscript should be formatted for 8½ by 11-inch paper, with 1-inch margins on all sides, using **Microsoft Word for PC, Times-Roman style and 12 point font**. All copy must be double-spaced except direct quotations of three or more lines, which are to be single-spaced and indented. Style should conform to the American Psychological Association's (APA) *Style Manual* 7th Edition. Manuscripts can be up to 25 pages in length, including references. Pages must be numbered consecutively with a running head. Line numbers should be included.

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Deadlines

Manuscripts are reviewed on a rolling basis when received. The next issue to be published shall be available in March or April 2025. To be eligible to appear in this issue, the manuscript should be received by January 15, 2025. An electronic version of the manuscript is required and should be sent, along with illustrations and/or photos, as an email attachment to the editor at **futurefocus.res@gmail.com**.

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