

## **Program Plan: Education Program to Combat Health Issues**

### **Abstract:**

The program plan is divided into several sections dealing with a program proposal on setting up a health education program that includes a physical fitness program. The key problem and objective is the prevention of Obesity and the secondary problems that stem from it.

In the Briefing section we take a look at the key problem that the program is supposed to deal with. Which are obesity and the indirect problems that stems from obesity that includes hypertension, type II diabetes, arteriosclerosis, stroke and other cardiovascular, muscular and bone problems?

This section includes secondary problems which are societal that can be divided up into direct and indirect problems. The direct problem is societal; that includes depression, anxiety, stress, poor self-image, poor self confidence and several other issues. The indirect problems are more environmental; which is a lack of safe locations, single parent families, drugs, substance abuse, violence, bullying, and other problems.

The proposed solution can operate dually. That means that it can be applied directly as a program on its own. It can be applied indirectly as part of another program like Junior ROTC, a School's Health Education Program, Civil Air Patrol, etc... The direct method is to be put in the school environment as a Physical/Health Education Program. The indirect method is the integrative approach as part of the Junior ROTC program, into the preexisting physical/health education program.

Financial section is next which includes information on the budget and information on funding initiatives and possible legislative actions that will create grant funding. That includes several possible DHHS and DOE grants.

Marketing and outreach to the community to discuss the situation, possible solutions and do a coordinated effort which includes possible agencies and groups to work with and coordinate with the community.

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The program plan is inclusive based on the precede-proceed model which includes the goals and objectives of the program, which will be the direct method presented in the paper. The diagnosis portion looks at the goals and objectives under the Social, epidemiological, behavioral, and educational/organizational up to the administrative policy factors. Implementation will look at the direct method while the indirect method will be briefly discussed in the paper with a fuller description in the appendix. Evaluating the program will be on the basis of the impact on the student body, process of the program, and the achievement of the outcomes.

Any modifications and possible suggestions will be placed in this section followed by a preliminary conclusion. The appendix follows with details on the budget and the indirect program, bibliography, personal opinion and suggestions for follow-up.

### **Briefing:**

The problem about poor nutrition is a key problem that is faced worldwide but obesity is a major problem in the developed world. The paper will focus on Obesity as the key problem with subsequent secondary problems. They are Arthrosclerosis, Asthma, Stroke, and several other health problems. While obesity is the primary problem and these are the indirect problems that occur from obesity.

There are secondary problems that the program will deal with. They include self-confidence, poor image, drug/substance abuse, etc... These issues can be split up to direct and indirect secondary problems. The direct issues are poor self-confidence, poor self-image, possible drug abuse/possible violence. The indirect problems are peer pressure, bullying, drug sales, gang violence, environmental factors.

The perception of primary and secondary problems and program design is to take a look at the situations that increase the likely hood of secondary factors contributing and possibly interfering with program implementation and development.

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### **Primary:**

The primary health problem is obesity. Obesity is defined as the condition of being obese; increased body weight caused by excessive accumulation of fat. (Dictionary.com) Obesity has been the 2<sup>nd</sup> leading cause of death next to tobacco. (Dietz, [Chronic Disease notes and reports 2000]) The sedentary lifestyle has led to obesity has had led to indirect health problems.

Obesity is the functional disorder caused due to the lack of exercise; fast pace of the environment, lack of nutrition education, and the lack of properly prepared food. The education about the preparation of food and nutrition is needed as part of any physical activity exercise program or as a subset of any program that includes Physical Activity. As stated by the US Armed Forces Survival Manual, that nutrition and maintenance of health is required in order to survive and live life to the fullest. Several of the reports indicate that Obesity is the major key health problem that leads to the secondary health problems like arteriosclerosis, high blood pressure and other health problems. (Surgeon General Report, 1996)

### **Indirect:**

The indirect health problems like arteriosclerosis, high blood pressure, osteoporosis, and other health problems are due to obesity and increased inactivity. (*Surgeon General report, 1996; Secretary of HHS and Secretary of Education, 2000; Baranowski, et al, 2004*)

The impact of these health problems in itself has detrimental impacts on the youth today. Baranowski (2004) paper indicates that while more research is needed on the relationships between the lack of physical activity and these health problems, there are benefits to physical activity like increased endurance and muscular strength, and favorably affect the risk factors for cardiovascular disease (3) And they have secondary effects like increased self confidence and a better concept of one's own person.

But due to lack of inconsistency, in the amount and frequency of the physical activity, does not give the full benefit. (*Baranowski, 2004, Pg 4*) While there are no

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direct links to sedentary lifestyle, obesity and these other health issues, physical activity does have its place in health care and lack of a balanced lifestyle has led to more chronic illnesses being more prevalent in our society.

Baranowski (2004) has presented key concepts and issues that the lack of physical activity has contributed more to the need for a well rounded and for everyone to be involved. Mostly every document in the bibliography has indicated a comprehensive approach to integrating everyone involved. That is the community, the school, the students, Department of Education and Department of Health into the process of bringing Physical activity into the lives of everyone involved.

### **Secondary:**

We are talking about the effects on the individual, that obesity implies to the person as it relates to the person and society. The problems of self-esteem, self-efficacy, depression, anxiety, the person's coping mechanisms and strategies to stress, suicidal tendencies, and other key personal issues. This forms the direct aspects related to the secondary factors in regards to obesity.

#### **Indirect:**

While the secondary factors deal with societal and environmental factors. The indirect issues are outside factors acting on the individual. Several examples are bullying, drug sales/crime, opinionated people, negativity, violence, name calling, distance, and other issues mentioned in several of the references.

The program plan will hopefully give an organization a method and viewpoints in order to put in place a health education and fitness plan. The focus on obesity because several issues directly and indirectly stem from obesity expected or not. So the primary goal of the program is to reduce obesity and give the personnel the ability to make healthy choices in their lives, currently and in the future.

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### **Solution:**

The solution is a health education and physical fitness/Martial Arts program applied to any organization. The program can be applied directly on its own or put into place within an already made program like a Physical education class or ROTC program.

### **Direct:**

The direct program will look at developing a Health Education/Martial Arts program with its own syllabus and instruction. As mentioned in the Kolbe (2000) article mentions to get assistance and advice for guidelines with the US Olympic Committee to help set physical standards for any sports program like Judo, Tae Kwon Do, Track and Field, etc...

In this case the standards of measure for evaluation can be done for several aspects based on either the US Olympic Committee standards or based on the standards from the Presidential Council on Physical Fitness.

The program design presented will train the individual in the following categories.

- a) Stances and body movement
- b) Striking moves
- c) Grappling moves
- d) Weapons
- e) Health education
  - a. Nutrition
  - b. First Aid
  - c. Survival skills
  - d. Leadership skills
- f) Spiritual/ Meditation/ counseling sessions
- g) Physical Conditioning

The design is to give the person skills to adapt to a changing environment and help them to reduce their weight and help them deal with both their primary problems and secondary problems as equally as possible.

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With any sports program or health education program only one aspect is handled thoroughly without coordination with the other program. While football teaches team work but no nutrition or first aid education is given to enhance the skills to make physical activity part of the person's life. So the integrative approach is necessary to integrate physical activity and health education. This program is meant to do just that.

### *Stances and body movement:*

People need to feel comfortable with themselves and the capabilities that they have. Most sports focus on creating a specific mindset for that individual to operate from. The program will work to tie body movement with emotional mindsets. Ex: **Water**-Defensive (Fear), **Fire**-Proactive (Anger), **Earth**-Stability (Stubbornness), **Wind**-Acceptance (avoidance). The integration of body movement and emotion will give people confidence to continue with the program and discover that no matter what a person feels, they can defend themselves and come to understand their feelings in a different light. This capability will increase confidence and potential leadership ability through out the program.

### *Striking moves:*

It will help the students learn about distance, primarily long and medium range, and the different tactics surrounding those ranges and helps them start to apply body movement and emotion through simulated drills, actual situations where those tactics can be applied. It introduces and teaches the students about self confidence and to handle problems. It gives a physical representation of long and medium range planning that can be applied in their everyday lives.

### *Grappling moves:*

While striking moves presents and teaches about long and medium range planning and tactics. Grappling teaches more about short range planning and tactics. The confidence to handle situations at this close range and be able to respond to such situations through simulated drills, actual situations where those tactics can be applied. It introduces and teaches the students about self confidence and to handle problems.

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### *Weapons:*

Weapons are tools that people need to be familiar with. The students need to be able to handle situations and to make use of the tools at hand. Otherwise their capabilities will be limited. Their confidence to handle problems will be done, through all the ranges with the appropriate tools, through simulated drills, actual situations where those tactics can be applied. It introduces and teaches the students about self confidence and to handle problems.

*“Through the all the ranges described above they will learn to work them through their emotions and the body mechanics/movement associated with those emotions. Because we are emotional beings, we can not lock into one emotion to make us grow and protect us. We need to help the person to cope with their emotions through any situation, we need to give them the tools and foundation to think on their feet and help them associate mindset and body. My instructor always stressed Thought Word Deed (Spirit-Mind-Body) where we need to align all three to be effective in life.” (Brzezinski, 2004)*

### *Health education:*

Health Education is the key to survival, without the ability to take care of one self need not only physically but also internally. That requires an understanding of the body and how the parts of the body work together. While we learn part of that intuitively through the physical training, we need to do that mentally as well. The following aspects of health education are just a small part of the student’s training.

#### *a. Nutrition*

- i. We need to know what foods to nourish the body with in order to maintain the body’s health.
- ii. The ability to know what foods and herbs are available in what area to help maintain the body’s health
- iii. Physiological data and material about the human body.

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### *b. First Aid*

- i. Health Education does not only mean just nutritional education but also to teach the student how to repair and maintain the body once it becomes injured due to physical activity or defending themselves or their colleagues.
- ii. Basic anatomical parts of the body and basic types of injuries that could occur to the body
- iii. They learn tools to maintain their health and the health of the community

### *c. Survival skills*

- i. As part of their training is to put basic principles of life and relating to other people, need to be done at times and to maintain skills that will be helpful to them to survive in any environment.
- ii. These skills will give them opportunities to apply all that they learn to different environments, ex: forest, snow, tropical, water, sea.
- iii. The skills taught will potentially introduce them to boating safety, aquatic safety as well as other environmental education programs in order to help the students to see the different environments and how to cope with them.

### *d. Leadership skills*

- i. Through education, class trips and principles of justice obligation, courage, respect, honor, commitment, responsibility.

### *Spiritual/ Meditation/ counseling sessions:*

The students at times will be faced with problems and need ways to cope with those problems. At times, they will be alone or with others, situations that will challenge the student, how they will cope mentally and spiritually will be equally difficult as well as physically. Mental/spiritual tools to help the student to cope will be necessary for them now and in the future.

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### *Physical Conditioning:*

While the students will be getting physical conditioning through out the program, warm-up and cool-down techniques need to be taught in order to help the student to understand that body preparation for moderate to strenuous physical activity require preparatory time which is needed to be done.

While this is just a summary of the program to be presented in implementation, or simply an outline for a curriculum, there needs to be a team to make it work. It should be of Martial Art Instructors/Coaches cross trained in some health education, first aid, survival, and/or physical education. This program can be divided up into stages to be done throughout the year and through out the class day with parts during school time and parts done as an after school activity.

### **Indirect:**

In the indirect process, we look at already existing programs and supplement them with coordination and capacity building through the existing programs and protocols. Using ROTC for example, Leadership can be done through history class under the tutelage of an ROTC instructor or a History instructor in coordination with the ROTC instructor. The ROTC instructor leads and coordinates after school activities through military schools in the summer, trips to ex. Coast Guard Auxiliary to learn Boat safety, American Red Cross to learn aquatic safety, first aid, if the instructor is not first aid certified, coordination with the science teacher to teach nutrition either in class or after class, the ROTC instructor lead Physical Education, sports training and martial arts training as an after school activity three to five times a week if not doing another activity.

The ROTC activity is just one example of using a preexisting structure that this program can be applied. Another is the use of a martial arts instructor, coach, science teacher, history teacher, and a coordinator, with assistant to work on the management of the program to give the students as a maximum of benefit with the key resources available by the organization, with limited funds for any extra inputs.

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This coordination to combat health problems that are caused by obesity and students' sedentary existence need to be combated in order to deal with the primary health issues of obesity, secondary health issues, like arteriosclerosis, osteoporosis, high blood pressure, stroke, and several other chronic problems. As well as giving skills and confidence in the use of those skills and of themselves in a world that will treat them harshly.

### **Financial:**

The costs of the program are intently minimal compared to the health care costs that are increasing exponentially. How the funding will be handled will depend on the organization and coordination within and outside of the organization. But grants to fund starting up the program is available from HRSA, CDC, NIH, and other government agencies. The push by President Bush for a Healthier US initiative have funds available to build, maintain, monitor and evaluate the program as well as funds from the US Department of Education to fund such programs.

More detailed funding information and estimated funding costs will be mentioned in the appendix. Information about DHHS grants and DOE grants and the impact of the federal grants on the creation of the program will be also discussed in the appendix.

### **Marketing/Outreach:**

The people need to know that there are opportunities for them and how to access them. The outreach need to be done by the participants (Students) themselves and their significant others (Parents) to discuss the issues related to the new program with reasons why it is being put place and to get their input in regards to the program prior to and during the run of the program with annual review and discussion by the parents, sponsoring partners, students/participants and the instructors themselves.

#### *Meetings:*

Schedule with partners with slide presentation,

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Parents to discuss impacts and expectations

These discussions will function as a needs assessment in order to determine if any problems.

Meet with the Department of Health to coordinate evaluation methods and grant funding for the program.

*Briefing Paper:*

Describing the plan

Length of the outreach

Expectations

Measures

### **Program Plan:**

The program plan will be based on the Precede-Proceed structure.

**Objectives:** (*Kolbe, 2000*)

- 1) Reduction of Obesity among the Population
- 2) Increase Physical Fitness of the Population
- 3) Decrease occurrence of Indirect health problems related to obesity and inactivity
- 4) Increase opportunity for Physical Activity
- 5) Increase self confidence
- 6) Opportunity for community participation
- 7) Develop safe locations for people to play and be active
- 8) Help develop close to home activities/locations with the community for safe participation
- 9) Help development by working with the community to develop such opportunities

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## **Diagnosis:**

We will look at the goals set and based on the objectives given in the previous subsection. We also look at key issues as stemmed from the reports.

## **Social:**

### *Increase student activity:*

- Physical Education Classes of at least 45 minutes
- After school activity for the students
- Allow for Increased parental participation in after school activity to be with their children
- Allow for a safe location for play and physical activity

### *Increase Parental involvement:*

- Education of the parents as well as the children
- Help them to be better role models
- Give guidance to help their children to be more active and get involved in school activities
- Increase Involvement in setting up community

### *School:*

- Quality Physical Education
- Health Education Classes to be coordinated and work in conjunction with the Physical Education Programs
- Allow for unstructured supervised play in the elementary school

## **Epidemiological:**

### *Obesity:*

- Decrease the obesity rate of 15% among young people to about 8% among young people (*Chronic Disease notes and Reports (2000)*)
- Decrease the secondary health risk factors that obese children have down to one or none.

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- Provide snack alternatives in conjunction with the schools cafeteria (*Chronic Disease notes and Reports (2000)*)

### *Physical Activity:*

- Work on increasing the physical activity among the student population from the average of 50 percent not being active to at least increasing the percentages to 60% being active among young people.
- Increase Parental involvement, in physical activity programs. (*DHHS, 1996*)

### *Health Education:*

- Coordinate health education with the current school science professors to teach health education and nutrition
- Coordinate Leadership development among the current martial arts instructors, history, and science instruction.
- Build a four year health education component for both parents and students
- Develop the survival and first aid skills of the students and parents
- After school opportunities for the children and parents either through a coordinated effort of existing programs to a specially developed programs

### *Behavioral and Environmental:*

#### **(US Department of Health and Human Services, 1996)**

- Increase the self Confidence of the students
- Increase the leadership skills of the students
- Assist in increasing the safe environments of the students
- Help motivate parents to guide the activities that the students participate in
- Increase opportunities to develop the students in a world wide area

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### *Educational and Organizational:*

- Coordinate Health Education Classes with the Science Teacher to cover nutrition, plant science, general construction principles, environmental studies and other pertinent health education classes to be done over the students four year High School period and/or eight year elementary school period.
- Work with parents to see how the program is effecting the children
- Work with the educational leaders on reviewing and applying key tools like School Health Index for Physical Activity and Healthy Eating: A Self Assessment and Planning Guide; Fit, Healthy, Ready to Learn: A School Health Policy Guide; The School Health Resource Database. And how to apply it in monitoring health progress of our children.
- Setup Coordinator of the program with office and assistant
  - Coordinator responsibility:
    - Monitor program progress
    - Develop coordination among key staff
    - Develop Training Program
    - Hire staff
    - Investigate Educators Credentials
    - Quarterly reports to the Director/Principal
    - Bi annual reports to the Board
    - Arrange and coordinate after school activities with the appropriate supervisor
    - Maintain a healthy understanding with all the participants directly and indirectly
    - Handle any special programs and assignments as necessary
    - Develop funding sources and maintain good contact with already existing sources

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- Assistant:
  - Manage Coordinator's Schedule
  - Maintain an appropriate filing mechanism,
  - Assist in Data collection, management, and report writing
  - Handle additional duties as it comes up

### *Administrative and Policy:*

- All policies and guidelines will be maintained by the Director and followed through by the Coordinator and Staff
- The program will be monitored by the coordinator who will work all appropriate agencies that are involved.
- Reports Recommendations will be guided by reports, consultations, and the need of the organization and its people
- All programs will be guided by the organizations principles and guidelines

## **Implementation:**

### *Program Format:*

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People need to feel comfortable with themselves and the capabilities that they have. Most sports focus on creating a specific mindset for that individual to operate from. The program will work to tie body movement with emotional mindsets. Ex: **Water**-Defensive (Fear), **Fire**-Proactive (Anger), **Earth**-Stability (Stubbornness), **Wind**-Acceptance (avoidance). The integration of body movement and emotion will give people confidence to continue with the program

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- i. We need to know what foods to nourish the body with in order to maintain the body’s health.
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maintain skills that will be helpful to them to survive in any environment.

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### *Spiritual/ Meditation/ counseling sessions:*

The students at times will be faced with problems and need ways to cope with those problems. At times, they will be alone or with others, situations that will challenge the student, how they will cope mentally and spiritually will be equally difficult as well as physically. Mental/spiritual tools to help the student to cope will be necessary for them now and in the future.

### *Physical Conditioning:*

While the students will be getting physical conditioning through out the program, warm-up and cool-down techniques need to be taught in order to help the student to understand that body preparation for moderate to strenuous physical activity require preparatory time which is needed to be done.

We will look at the applications within time line formats to see how implement the program as its own entity and within the current organizational structure.

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### *Direct Application:*

| Time Frame                | What will be done  |
|---------------------------|--|
| 1 to 6 months             | Investigate and meet with community leaders to determine interest and try to get initial funding and support, Grant writing  |
| 3 to 6 months             | Find instructors and people who would like to work on the project. Bi weekly or monthly meetings with supporters<br>Training facility and make sale of the program to the community, grant writing |
| 6 <sup>th</sup> month     | Bi annual report to the supporters with information on the progress of the program   |
| 6 months to one year      | Initial start-up, small class workshops, in school PE Classes or After school program  |
| First year to second year | Introduce tournaments and other activities in regards extension and extra opportunities to students, 2 <sup>nd</sup> report to the community and supporters  |
| Annual                    | Two reports per year to the committee<br>Demonstrations for the community what is learned  |
| Annual                    | Allow for trips to other locations and investigate other opportunities   |

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### Indirect:

| Time Line             | Need to be done  |
|-----------------------|--|
| 1 to 6 months         | Investigate existing school programs and staff, see for any supplemental assistance, Meet with leaders and students about activity development, funding and support  |
| 2 to 6 months         | Find and coordinate with instructors and people who would be assigned or hired to work on the project. Monthly meetings with supporters, Training facility location and placement and make sale of the program to the community, grant writing |
| 6 <sup>th</sup> month | Report on the progress of the program and when it will start   |
| 6 months to a year    | Trainings and coordination of staff members and syllabus instruction and development using existing and developing guidelines from the Council on Physical fitness, DHHS, USOC and others  |
| Annual reports        | Reports to the committee members, Outside organizations helping like the Boy Scouts, JR ROTC, Sea Cadets, Civil Air Patrol   |
| Annual                | Trips, tournaments, extra curricular activities that will enhance students potential and opportunity   |

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### Evaluation:

We will take a look at the program from three key areas, the process, the impact, and the outcome.

#### *Process:*

Did we move fast enough, has the program hampered development, did the mechanisms to get the program started has been, do we need to modify approach, etc...

|  |   |
|--|---|
| Rate   | Did we go fast enough to help those kids lose weight                |
| Did the structure help round out the child's education         | Do the children know the mechanics of the Human body                |
| Has the application of the education program can be improved   | Did we miss anything in the in the syllabus that could be helpful   |
| Is the funding only for the short term, long term?             | How to tap into alternative sources of funding?                     |
| Have the designs and objectives match the goals set out for it | Have worked on making allies or enemies when we created the program |
| Have we asked all the questions needed                         | Have we looked at the appropriate evaluation mechanism              |
| What is missing  | How can it be improved  |

Questions like these and probably others need to be applied for how the process of the program is going and can be improved.

### **Impact:**

We look at the program and how it has affected the students and community.

|  |  |
|--|--|
| Have we increased the percentage of physical activity of the students from 25% to at least 35% in moderate intensity | Have the leadership participation of the students increased? |
| Have developed their science and health skills to tell which plants are helpful and                                  | Have the parents participation increased by at least 10%     |

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|  |   |
|--|---|
| which ones are dangerous   |   |
| Have they learned first aid/CPR  | Have they learned survival skills to live in a different environment  |
| Have we decreased the any obesity by at least 20 lbs for the children      | Have the parents became interested in helping them have more of being more physically fit                                     |
| Have students show more interest in their studies                          | Have the parents seen any positive change to date   |
| Have the teachers/instructors seen any positive change to date             | Have the students seen any positive change in their lives to date   |
| Have the number of students want to enter the program                      | Have the students grades improved   |
| Have the number of risk factors for Cardiovascular disease been diminished | Have there been any problems and trouble with outside forces that would prevent program development change or stayed the same |

Impact is like to see if the change is positive or negative and what can be done.

### **Outcome:**

We will look at the expectations have matched the objectives and goals of the outcome

|   |  |
|---|--|
| Have the number of obese students in the program lose weight of at least 20 lbs     | Have the cardiovascular system improved                  |
| Levels of HDL and endorphins increased  | Has the students self image and self confidence improved |
| Their discipline increased  | Body stature gets stronger                               |
| Increased the level of intensity from light to moderate levels of Physical Activity |  |
|   |  |
|   |  |

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We will use surveys, body fat measure based on the scales of the military, USOC, DHHS for measure of the physiological changes, while grades, meetings with students, parents, teachers via interviews and surveys to be used to measure changes in knowledge, abilities, and other factors to see if there is a positive change to the children and the parents.

### **Modifications:**

Any changes or suggestions will be done during initial setup or on annual review of the program. Outside consultants will be used every three years to review practices and goals of the program, when funding is able and received.

### **Conclusion:**

This document and program has been difficult for me to write, because it made me think at things a little differently and how to do it. Physical Activity and Health by the Surgeon General (1996) has stressed the need that we have gotten physically lazy in our lives, while physical activity is part of American culture, as we got technically advanced, we have gotten sedentary. All the reports and documents have pointed that the lack of exercise have increase obesity at a rate so fast that it obesity is an acute disorder that has increased cardiovascular and pulmonary problems that have increased mortality and morbidity rates. Health belief theory as described in the DHHS (1996) report does seem appropriate but the most appropriate theory or theories are the theory of reasoned action and of planned behavior as to give opportunities for the students and parents to be part of a structured activity and give them the opportunity to learn new skills that can be carried over into their daily lives after school. Social Support concept in to help them guide others into the program and last but not least Ecological approaches concept that states have we taken into account socio cultural and the physical environment in the impact on the students/parents in applying what they learned and how they can see it in the long term.

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This design comes from the concept that the would place my belief on the Health belief model because of the need to inform the people about the problem, the potential benefits of the program, and how it can help them in their daily lives. While a lot of day to day issues is not presented but it can be felt and hopefully with help it can be done.

I felt that the Precede-Proceed structure has helped me to look at several questions that made this program to work and be reviewed better.

# **Program Plan: Education Program to Combat Health Issues**

## **APPENDIX**

- a. Indirect method**
- b. Budget Chart form**
- c. Grant Discussion/Brief**
- d. Bibliography**
- e. Personal Opinion**

# **Program Plan: Education Program to Combat Health Issues**

## **Indirect Method**

While we made mention to the indirect method in the main body of the document, but lets say we put it together with the Junior ROTC program for example. The Jr. ROTC program has its own regulations and requirements in place for a school to receive such a program. The laws governing ROTC and Jr. ROTC can be found at [www4.law.cornell.edu/uscode/10/2031.html](http://www4.law.cornell.edu/uscode/10/2031.html) which authorizes each branch to develop such programs. The goals of the program are to teach the values of citizenship, service to the US (community service ideals), personal responsibility, and a sense of accomplishment. It is looking for 100 students or 10 percent of the student body of the high school. The school is to supply classroom space, office, storage facilities. The program can be of at least three year duration, allow students of high academic standards primarily into the program. The branch will assign instructors, text materials, equipment, and uniforms, (Transportation and housing as deemed necessary), set minimum standards for performance and achievement.

Retired military can be hired as instructors, but they can not loose their retirement pay, but any additional monies above the retiree's retirement pay have to be paid by the institution. The institution can be repaid half of the difference between the retirement pay and the retiree's active duty pay.

### Outline:

- Leadership classes done by ROTC instructor once a week all ROTC participants
- PT, Martial Arts Training done during PE and/or after school
- Health Education is split between the Physical Education Instructor, Science and Cooking teachers, and the ROTC instructors
- Extracurricular activities usually handled by the ROTC instructors.
- Summer activities handled by ROTC program, but it varies between the branches

In an already existing Physical Education program, the responsibility for a well rounded health education program, coordination is necessary by several instructors as a committee and a coordinator with assistant. The instructors include the Physical

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Education instructor, History instructor, Science/Cooking instructor, and any other instructors as appropriate from the school and potential martial arts instructors. The work load needs to be distributed among everyone as so to help round out the students' education during and after school. Involvement plus a modified syllabus is needed to take into account any and all health education training. All the documents recommend in the elementary school levels that the science instructor to handle part of the health education trainings but at the higher levels there needs to be health education specialist but on all levels there needs to be a physical education specialist or instructors with those certifications.

### Budget Chart

| Sources   | Units/products   | Cost per unit | Number of Units | Sub total | Total w/ Margin of Error of 30% |
|---|------------------|---------------|-----------------|-----------|---------------------------------|
| School  | Office           | 2000/month    | 1               | 2000      | 20356/month                     |
|   | Phone            | 60/month      | 2               | 120       |                                 |
|   | Stationary       | 1000/month    | 1               | 1000      |                                 |
|   | Supplies         | 1000/month    | 1               | 1000      |                                 |
|   | Incidentals      | 5000/month    | 1               | 5000      |                                 |
|   | Training/Storage |               |                 |           |                                 |
|   | Facilities       | 5000/month    | 1               | 5000      |                                 |
|   | Salary           | 20,000/year   | 1(?)            | 20,000    |                                 |
| AWMA or other agency depending on program application | Supplies         | 200,000       | 1 set           | 200,000   | 260,000                         |
| Grants  | Uniforms         | 200.00        | 100             | 20,000    | 26,000                          |
| Grants  | Trips            | 2000          | 100             | 200,000   | 260,000                         |
| Community   | Transportation   | 20,000        | 20              | 400,000   | 520,000.00                      |

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|  |                              |        |    |          |           |
|--|------------------------------|--------|----|----------|-----------|
|  | Staff support for activities | 200.00 | 20 | 4,000.00 | 5,200.00  |
|  | Food and service             | 200.00 | 20 | 4,000.00 | 5,200.00  |
|  |                              |        |    | Total    | 1,096,756 |

The budget is an estimate that will fluctuate based on the numbers, but I expect the program to run on about a minimum of between 2 to 4 million dollars. Community is part of what is expected from community donation of their time. Grants are fund monies that come from other donated sources or from our supporters and the current school funders.

### Grant Briefing:

I will present summaries of some grant monies that will be helpful.

| Grant title   | Description  |
|---|--|
| <p>MECHANISMS OF PHYSICAL ACTIVITY BEHAVIOR CHANGE</p> <p><a href="http://grants.nih.gov/grants/guide/rfa-files/rfa-ca-04-009.html">http://grants.nih.gov/grants/guide/rfa-files/rfa-ca-04-009.html</a></p> | <p>PURPOSE OF THIS RFA</p> <p>The purpose of this RFA is to increase the knowledge base necessary to develop effective physical activity interventions in children, Adolescents, adults, and older adults. Specifically, this RFA seeks to elucidate the psychosocial, environmental, and physiological factors involved in the mechanisms of physical activity behavior change to better understand the factors</p> |

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|   |   |
|---|---|
|   | <p>involved in the causal pathways that lead to physical activity behavior change</p>   |
| <p>PHYSICAL ACTIVITY AND OBESITY ACROSS CHRONIC DISEASES<br/> <a href="http://grants.nih.gov/grants/guide/pa-files/PA-01-017.html">http://grants.nih.gov/grants/guide/pa-files/PA-01-017.html</a></p> | <p>THIS PROGRAM ANNOUNCEMENT (PA) USES "MODULAR GRANT" AND "JUST-IN-TIME" CONCEPTS. THIS PA INCLUDES DETAILED MODIFICATIONS TO STANDARD APPLICATION INSTRUCTIONS THAT MUST BE USED WHEN PREPARING AN APPLICATION IN RESPONSE TO THIS PA.</p> <p>This Program Announcement is part of a trans-NIH Obesity Initiative, which also includes approaches to obesity prevention and the Neuroendocrinology of obesity. The above-named Institutes invite applications from investigators for research studies that will address The relationship between physical activity and obesity. Three general areas of research are encouraged:<br/> (1) studies (including observational and prospective) examining physical activity and obesity relationships;</p> |

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|   |  |
|---|--|
|   | <p>(2) studies to improve methodology of assessment of physical activity and energy balance; and (3) studies to test intervention approaches that incorporate physical activity for obesity prevention or treatment<br/>         Related to chronic diseases.</p>  |
| <p>SMALL CLINICAL GRANTS IN DIGESTIVE DISEASES, NUTRITION AND OBESITY<br/><br/> <a href="http://grants.nih.gov/grants/guide/pa-files/PAR-04-082.html">http://grants.nih.gov/grants/guide/pa-files/PAR-04-082.html</a></p> | <p>This PAR supersedes <a href="#">PAR-01-056</a> published in 2001. The goal of this initiative is to encourage innovative clinical and epidemiological research into new therapies or means of prevention of digestive and liver diseases, Nutritional disorders and obesity. The Small Clinical Research Grants Program is designed to support short-term clinical studies and help stimulate the translation of promising and potentially relevant new developments from The laboratory into the clinical setting. This PAR specifically encourages the submission of applications for</p> |

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|   |  |
|---|--|
|   | <p>pilot studies relating to gastrointestinal, pancreatic and liver diseases and nutritional disorders Including obesity. They should focus on research that is particularly Innovative and/or potentially of high impact. High impact research involves feasibility studies in which the technological, methodological, or theoretical approach to a problem lacks an historical precedent or sufficient preliminary data, but whose successful outcome would have a major effect on a Scientific area.</p> |
| <p><a href="http://www.cdc.gov/niosh/oep/funding.html">http://www.cdc.gov/niosh/oep/funding.html</a><br/>National institute of Occupational Safety and Health</p> | <p>To maximize the grants program's usefulness in protecting workers, NIOSH funds projects that are both scientifically sound and related to program priorities. Prevention is the thrust of the research program, and studies are supported to identify occupational populations at risk, develop methods for measuring exposures to</p>  |

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|  |  |
|--|--|
|  | <p>hazards and detecting adverse health effects, determine the prevalence and incidence of the occupational hazards, understand the etiology of occupational diseases and injuries, and reduce or eliminate exposures to the hazards. Support is provided for both laboratory and field studies involving humans, as well as laboratory studies with various animal models and cell lines. Also, acute, sub chronic, and chronic investigations are supported. Methods development involves measurement instrumentation, analytical techniques, medical monitoring procedures, and statistical designs to improve accuracy and precision of results. Fundamental or basic research may be supported if the applicant describes in the proposal how the research effort has</p> |
|--|--|

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|  |  |
|--|--|
|  | current or potential utility in dealing with an occupational safety or health concern.   |
| <p>Office of Safe and Drug-Free Schools--Carol M. White Physical Education Program; Notice Inviting Applications for New Awards for Fiscal Year (FY) 2003<br/> <a href="http://www.ed.gov/legislation/FedRegister/announcements/2003-2/040103b.html">http://www.ed.gov/legislation/FedRegister/announcements/2003-2/040103b.html</a></p> | <p>The Carol M. White Physical Education Program provides grants to initiate, expand, or improve physical education programs, including after-school programs, for students in one or more grades from kindergarten through 12th grade in order to help students Make progress toward meeting State standards for physical education.</p> <p>For FY 2003 the competition for new awards focuses on a statutory requirement we describe in the Statutory Requirements section of this Application notice.</p> |

While these are just the sampling of government grants available, small business grants if properly written can be applied for program start-ups as business start-ups. There are more government grant resources, but sport grants from other organizations like Timberland, REI, Sports Authority and business like those have grants that are available but need to be researched.

### Bibliography and Resources

# Program Plan: Education Program to Combat Health Issues

## Literature and References:

1. Chronic Disease notes and Reports (2000) “*Nutrition and Physical Activity*” National Center for Chronic Disease Prevention and Health Promotion Vol. 13 No. 1
2. Gerberding, Julie L. MD MPH (2003). “*CDC’s Role in Promoting Healthy Lifestyles: Testimony of Dr. Julie L. Gerberding, Director, CDC*” CDC February 17. [www.cdc.gov/washington/testimony/ob011703.htm](http://www.cdc.gov/washington/testimony/ob011703.htm)
3. World Health Organization (2003). “*Annual Global MOVE FOR HEALTH Initiative: A Concept Paper*” World Health Organization [www.who.int](http://www.who.int)
4. Kolbe, Lloyd J, et al (2000) “*Promoting Better Health for Young People through Physical Activity and Sport: A Report to the President from the Secretary of Health and Human Services and the Secretary of Education*” CDC: Healthy Youth Fall [www.cdc.gov/nccdphp/dash/presphysactrpt](http://www.cdc.gov/nccdphp/dash/presphysactrpt)
5. Baranowski, Tom, et al. (2004). “*Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People*” CDC [www.cdc.gov/mmwr/preview/mmwrhtml/00046823.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00046823.htm)
6. US Department of Health and Human Services (1996). “*Physical Activity and Health: A report of the Surgeon General*” DHHS-CDC National Center for Chronic Disease Prevention and Health Promotion
7. Grabowsky, Tara A., et al (1997). “*Worldwide Efforts to Improve Heart Health: A Follow-up to the Catalonia Declaration-Selected Program descriptions*” US-DHHS: CDC-National Center for Chronic Disease Prevention and Health Promotion June
8. Carmona, Richard H. Vice Admiral (2003). “*Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity*” CDC At A Glance [www.cdc.gov/nccdphp/dnpa](http://www.cdc.gov/nccdphp/dnpa)

## Foundations and Organizations:

9. Kick Start Foundation, Formerly “Kick Drugs Out of America Program” <http://www.kick-start.org/>
10. Martial Arts for Peace: <http://www.atriumsoc.org/pages/enterMAP.html>
11. ROTC/Junior ROTC:

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- a. Army: <http://www.armyrotc.com/index.htm>
- b. Navy: <https://www.nrotc.navy.mil/>
- c. Air Force: <http://www.afrotc.com/home.htm?flash=yes>

### 12. Civilian based:

- a. Civil Air Patrol: <http://www.cap.gov/>
- b. Sea Cadets: <http://www.seacadets.org>
- c. Boy Scouts:  
[http://www.scoutorama.com/boy\\_scouts\\_of\\_america\\_index.cfm](http://www.scoutorama.com/boy_scouts_of_america_index.cfm)
- d. Girl Scouts: <http://www.girlscouts.org/>
- e. Cub Scouts: <http://www.scouting.org/nav/enter.jsp?s=cy>
- f. Martial Art Schools and Programs

### Video References/Supplements:

13. Norris, Aaron (1990/2000\*). “*SIDEKICKS*” Columbia Tri-star Home Entertainment
14. Lettich, Sheldon (1993/1999\*) “*Only The Strong*” 20<sup>th</sup> Century Fox

### Legislative Action:

15. 108<sup>th</sup> Congress 1<sup>st</sup> Session (2003) “*Grants to provide health services for improved nutrition, increased physical activity, obesity prevention, and for other purposes*” February 12<sup>th</sup>.

### Secondary Resource Sites:

16. <http://www.cdc.gov/nccdphp/dash/>
17. <http://www.cdc.gov/youthcampaign/>
18. <http://www.cdc.gov/nccdphp/dash/shpps/index.htm>
19. <http://www.healthierus.gov/>
20. [http://www.usoc.org/education/general\\_olympic\\_education/sportsummaries.pdf](http://www.usoc.org/education/general_olympic_education/sportsummaries.pdf)
21. [http://www.usoc.org/education/general\\_olympic\\_education/griffin.pdf](http://www.usoc.org/education/general_olympic_education/griffin.pdf)
22. [www.usocpressbox.org/usoc/pressbox.nsf/\(staticreports\)/Olympic%20Family%20Director%20y?OpenDocument](http://www.usocpressbox.org/usoc/pressbox.nsf/(staticreports)/Olympic%20Family%20Director%20y?OpenDocument)
23. [http://fitness.gov/physical\\_activity\\_fact\\_sheet.html](http://fitness.gov/physical_activity_fact_sheet.html)
24. <http://www.fitness.gov/girlssports.pdf>
25. <http://fitness.gov/resources/resources.html>
26. <http://www.fitness.gov/>

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27. <http://grants.nih.gov/grants/guide/pa-files/PA-01-017.html>
28. <http://grants.nih.gov/grants/guide/pa-files/PA-04-082.html>
29. <http://www.hhs.gov/grants/index.shtml>
30. <http://www.cdc.gov/funding.htm>
31. <http://www.ed.gov/searchResults.jhtml>
32. <http://www.state.nj.us/deptserv.html>
33. [http://www.state.nj.us/cgi-bin/governor/njnewsline/view\\_article.pl?id=709](http://www.state.nj.us/cgi-bin/governor/njnewsline/view_article.pl?id=709)
34. <http://www4.law.cornell.edu/uscode/10/2031.html>
- 35.

### **Notes:**

\* stands for (The Second year shown is the video release date, while the first year is the year of release into the theatres)

CDC-Center for Disease Control

WHO- World Health Organization

DHHS- Department of Health and Human Services

ROTC- Reserve Officer Training Corps

### **Personal Opinion:**

I felt that the document may be missing pieces; overall I felt it is time to teach our children the skill necessary to live in the world and that includes physical fitness because while we are living longer, we are getting physically lazier because our environment today does not allow us to be physically fit. So we now need to make time for physical activity, we need to not only nourish our minds but our bodies as well. The documentation referenced indicates a correlation between obesity and several chronic diseases and the decreased levels of physical activity. That needs to be changed, but not in the short term but in the long term. That indicates training starting from now to our youngest to the oldest for their benefit. Help is needed and it will be needed now and in the future.

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