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Introduction

The purpose of this journal is to publish the work of undergraduates in the community health education program. Issue 1 is limited to the work of students in CHE 440 Program Development in Community Health Education. Each collaborative of 3-6 students prepared a journal submission for this publication. Future use of this format could incorporate work from other courses including the preceptorship. Students, faculty, or other readers are encouraged to contact Dr. Jecklin if they have ideas about improving this publication.

Perhaps this journal will give the authors a bug that will motivate them to be published elsewhere, or at the very least new students to CHE 440 will use this journal to get ideas about what is possible in their semester of service learning.

Robert Jecklin, M.P.H., Ph.D.
Editor-for-now
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Diggin’ at Deep Roots: Collaborative Service Learning in a Nutrition Education Program to Enhance the Health of Children in La Crosse County

Sarah Albertson, Greg Aspenson, Melanie Bates, Hanna Hubbs, Jane Sherman, and Nicholas Vosters all undergraduate candidates in Community Health Education at the University of Wisconsin-La Crosse

Abstract: Diggin’ at Deep Roots is an educational program designed for children to increase knowledge, self-efficacy, awareness, and skill sets at Deep Roots Community Farm. The program event was held on two separate days with duration of two hours each day. A pre-test was handed out before the event occurred. The first event recruited 50 children from the YMCA Surround Care after school program and the second event recruited 50 children from the YMCA Kids Day Off program. The children were separated into four groups. Each group rotated between four stations, each lasting 20 minutes. The stations included a farm tour, nutrition education/food preparation session, games/activities, and seed planting. Children were given a pamphlet to take home to their parents, which included a summary of the program, a healthy recipe and the dirty dozen reference guide. A post-test was not completed.

Key Terms: Nutrient-dense foods are foods that give people the nutrients they need with relatively low calories than other choices in the same food group (MyPlate, 2011). Hoop house is a shelter that allows fruits and vegetables more growing time and protection from weather and animals (Hoop House Greenhouse Kits, 2004). Obesity is when a person has a Body Mass Index (BMI) of 30 or above. Having a BMI of 30 or over signifies the excessive accumulation or storage or fat cells on the body (World Health Organization, 2011).

Introduction

With the increasing availability and convenience of packaged and fast foods, the consumption of nutrient-dense food is suffering. According to the Centers for Disease Control and Prevention (CDC), “Most U.S. youth do not meet the recommendations for eating 2 ½ cups to 6 ½ cups of fruits and vegetables each day.” Failing to consume a sufficient amount of nutrient-dense foods can greatly impact a person’s health. Healthy eating is associated with reduced risk for many diseases, including several of the leading causes of death: heart disease, cancer, stroke, and diabetes (CDC, 2011). Consuming a healthy diet throughout childhood is especially important in order to ensure proper growth and development. A nutrient-dense diet during childhood can also prevent health problems such as obesity, dental caries, iron deficiency, and osteoporosis (CDC, 2011).

“Since 1980, obesity prevalence among children and adolescents has almost tripled” (CDC, 2011). Approximately 17% of all U.S. children and adolescents aged 2-19 are obese. Childhood obesity is linked to many immediate and future health risks including high blood pressure, high cholesterol, impaired glucose tolerance, insulin resistance, type II diabetes, sleep apnea, and asthma. There is also a greater risk of social and psychological problems among obese children such as, discrimination and poor self-
esteem (CDC, 2011). Obesity at an early age can escalate into adult years, causing health problems. Obese children are more likely to become obese as adults, which can lead to heart disease, diabetes, and some cancers (CDC, 2011).

**Methods**

In 2006, Wisconsin’s obesity rate ranked 16th highest in the country. *Healthiest Wisconsin 2020* reports that 64% of Wisconsin adults, 23% of high school students, and 30% of preschool-age children are overweight or obese. *Diggin’ at Deep Roots* is an interactive program designed to promote nutrition education in order to reduce the prevalence of childhood obesity. Through nutrition education programs, the children will learn the value of eating a nutrient-dense diet.

A nutrition education program cannot be effective unless other changes are made such as, what is eaten at home and at school. Elementary school children do not have enough autonomy to purchase and plan three square meals a day. According to Neumark-Sztainer (2007), autonomy is why parents play a key role in the development of their child’s eating patterns, physical activity patterns, and attitude towards their own bodies and those of others. For this reason, another target population of the program was the parents of the school aged children. Through sharing nutrition information with the parents and encouraging conversation with their children, *Diggin’ at Deep Roots* will promote family understanding of nutrition. Reaching out to the parents is essential for behavior change among the children. Ultimately, the parents decide which foods are available in the household. If nutrient-dense foods are not easily available at home, children do not even have the option to consume them.

By stocking the shelves with healthy snacks and establishing family meal norms, family meal times have been proven to be successful interventions (Robinson, 2009). Families can encourage their children help prepare meals, pick out dinner options, and come along grocery shopping to pick out food for meals. These ideas will be discussed at the Family Farm Night at the schools as another component of *Diggin’ at Deep Roots*.

In addition to family programs, more formal interventions can also occur in the classroom setting. In order for these programs to run, school officials need to understand the importance of promoting healthy local eating and how gardening will improve learning and nutrition in their school. Programs like Farm to School have become an integral part of school nutrition programs within the past few years. Farm to School programs support local and regional food systems to ensure the health of all school children, farms, environment, economy, and communities (Farm to School, 2011).

Farm to School is a program that connects schools (K-12) and local farms with the objectives of serving healthy meals in school cafeterias, improving student nutrition, providing agriculture, health and nutrition education opportunities, and supporting local and regional farmers (Farm to School, n.d.). “Farm to School programs are based on the premise that students will choose to eat more healthy foods, such as fruits and vegetables, if the foods are fresh, locally grown, picked at the peak of their flavor, and supplemented by educational activities that link them with the food cycle from seed to table” (Joshi & Azuma, 2009). Positive results from Farm to School programs gave reason to believe similar intervention activities included in *Diggin’ at Deep Roots* could produce positive outcomes. The intervention activities included in the *Diggin’ at Deep Roots* program were based upon the premise that children learn more effectively through hands-on learning.

*Diggin’ at Deep Roots* consisted of four intervention activities: farm tour, nutrition education/food preparation session,
games/activities, and seed planting. Each activity was a station located in different areas around the farm. Children rotated through the stations every 20 minutes in a clockwise manner.

The planting and gardening activity consisted of planting seeds (e.g. snap peas, carrots, lettuce, spinach, beets, chives, and radishes). The children were instructed to dig into the dirt with their finger, plant the seeds, and then cover the seeds with dirt. After ten minutes of planting, the children learned to distinguish a ripe ground cherry from a non-ripe ground cherry. The rest of the activity included a tour of the hoop house. The children also learned how to identify different vegetables within the hoop house. Overall, the activity was important because it involved hands-on learning that increased the children’s knowledge and self-efficacy.

The farm tour lead kids on a tour of the farm. During the tour the children had the opportunity to visit cows, goats, chickens, horses, gardens, the hoop house, a fish pond, and see the farm machinery. Throughout the tour, the importance of the natural relationships between all of these different locations and how they positively influence one another were explained. The basics of organic farming were explained to the children. It was also explained why farmers decide to practice organic farming techniques. In addition, the children learned the importance of physical labor by discussing the different chores performed on the farm on a daily basis. They also were exposed to the concept of production in terms of how many eggs are collected daily from the chicken coop and saved by the farmers to be sold at the farmers market at the end of the week.

The nutrition education lesson was based upon MyPlate recommendations. The children were encouraged to name the five food groups and foods that belong in each group. After the children compiled an adequate list, they had the opportunity to create their own plate. For this activity, children used markers to divide a paper plate into the proper sections based on MyPlate recommendations. The children then proceeded to draw two foods in each section; their favorite food in the food group and one that they wanted to try. The second portion of this activity involved the children preparing a healthy snack (“confetti pizza”). Each child was given a “pizza crust” (wheat tortilla) topped with “pizza sauce” (cream cheese mixed with ranch seasoning). They were able to top the pizza with the vegetables of their choice (green and red peppers, carrots, and broccoli).

The activities/games portion of the program consisted of three different sections: fruit and vegetable tag, fruit and vegetable identification, and learning the life cycle of a plant. The first activity, fruit and vegetable tag, consisted of one child trying to tag the other children. Prior to being tagged the children would have to yell out the name of a fruit or vegetable. If they did not shout out a name in time and were tagged, they would become the one chasing the other children. The second activity, fruit and vegetable identification, involved the children being placed into pairs to try to correctly identify an assortment of fruits and vegetables. The facilitators placed a sticker on each child’s back. Each sticker had a picture of a different fruit or vegetable. The children then took turns asking questions based on what they believed the fruit or vegetable could be. His or her partner had to answer either yes or no to each question. They continued asking questions until they correctly identified the fruit or vegetable. Once the child correctly identified the fruit or vegetable they switched roles with their partner. The third activity, learning the life cycle of a plant, involved the children discussing the five basic stages of plant growth. The children were asked to identify each step in a plant’s life starting with the seed. One child mentioned the step and drew it on the poster board. After all the steps were correctly explained we started from the beginning and to go over the plant’s life cycle one last time. Each activity was
geared towards teaching the children correct identification of fruits and vegetables and gaining the knowledge of how fruits and vegetables grow.

Based on positive results from Farm to School, a program such as *Diggin’ at Deep Roots* could be just as successful if implemented into the school curriculum. By implementing *Diggin’ at Deep Roots*, children would learn similar concepts taught by Farm to School. *Diggin’ at Deep Roots* will provide children with the opportunity to understand where their food comes from, the importance of eating local food, how gardening impacts the environment, how fruits and vegetables impacts health, and learn to recognize fruits and vegetables.

**Evaluation Design**

To evaluate the *Diggin’ at Deep Roots* program, an experimental design with a pre-test and post-test was used. Prior to program implementation, each child was given a food preference survey. This survey was used to measure which fruits and vegetables the child likes/dislikes and whether or not they would like to try it again. The survey also included a knowledge component, asking the child to identify fruits and vegetables that can be grown in Wisconsin. In order to measure change in food preference and knowledge, the children would be given the same survey after attending the program.

A non-experimental design using a post-test only would be used for the school officials and parents. After the program implementation, the program planning committee would meet with the school officials to discuss their effectiveness on sustainability of the program. The committee would also evaluate what progress the school officials have made regarding nutrition education and promotion within the school. A face-to-face interview would be conducted to gather qualitative data.

The parents would be sent a survey to assess the eating behaviors of their child/ren at home after they attended *Diggin’ at Deep Roots*. This survey would be used to determine whether or not the program had an impact on the child’s dietary behaviors.

**Results**

A week prior to *Diggin’ at Deep Roots*, a pre-test was handed out to the children. The results for the survey regarding food preference are shown in Table 1. During the event, all four stations were setup as planned. The designated four groups of children were able to attend each station in the allotted time. After the event there was a brief mini discussion with the children and a pamphlet was given to the children to take home to their parents as planned.

The results of *Diggin’ as Deep Roots* consisted of qualitative data in the form of pictures, a video, and quotes gathered from the group members, YMCA Surround Care Staff, parents, and children.

Due to the lack of capacity of the program, we were unable to implement additional programs for the parents and school officials as discussed in the evaluation design. The future results would be gathered after the objectives for the two other priority populations have been met.

A total of forty-two children participated in taking the survey. Out of the forty-two surveys taken, the top five produce liked were corn (40), strawberries (39), raspberries (36), apples (35), and potatoes (25). The five least liked produce were eggplant (4), onion (11), squash (9), mushroom (10), and tomato (11). The produce that the children would like to try again most included: strawberries (41), corn (39), raspberries (36), apples (35), and potato (32). The produce the children would not try again included: mushroom (26), eggplant (26), onion (24), tomato (24), and squash (21). Almost half of the children had not tried eggplant (19) and all the children had tried corn, apples, and strawberries.
There were some scenarios that made the results unreliable; a few students answered some of the questions twice, others skipped questions and others would say they liked a certain fruit or vegetable but wouldn’t try it again or vice versa.

### Table 1: Pre-test Results:

<table>
<thead>
<tr>
<th>Food</th>
<th>Haven’t Tried</th>
<th>Liked It</th>
<th>Sort of Liked It</th>
<th>Did Not Like It</th>
<th>Yes, I would like to taste it again</th>
<th>No, I would not like to taste it again</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tomato</td>
<td>4</td>
<td>11</td>
<td>5</td>
<td>21</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Corn</td>
<td>40</td>
<td>1</td>
<td>1</td>
<td>39</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Apple</td>
<td>35</td>
<td>5</td>
<td>2</td>
<td>35</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Potato</td>
<td>2</td>
<td>25</td>
<td>10</td>
<td>5</td>
<td>32</td>
<td>9</td>
</tr>
<tr>
<td>Salad</td>
<td>3</td>
<td>23</td>
<td>5</td>
<td>11</td>
<td>27</td>
<td>14</td>
</tr>
<tr>
<td>Squash</td>
<td>11</td>
<td>9</td>
<td>5</td>
<td>15</td>
<td>20</td>
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<td>Broccoli</td>
<td>2</td>
<td>24</td>
<td>5</td>
<td>10</td>
<td>26</td>
<td>14</td>
</tr>
<tr>
<td>Eggplant</td>
<td>19</td>
<td>4</td>
<td>1</td>
<td>17</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>Onion</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>23</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>Mushroom</td>
<td>6</td>
<td>10</td>
<td>3</td>
<td>22</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>Raspberries</td>
<td>1</td>
<td>36</td>
<td>1</td>
<td>3</td>
<td>36</td>
<td>3</td>
</tr>
<tr>
<td>Strawberries</td>
<td>39</td>
<td>2</td>
<td>1</td>
<td>41</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

### Discussion

If allotted additional time, a post-test would be conducted with the two school groups that participated in *Diggin’ at Deep Roots*. The children would be asked to fill out the same survey that they filled out prior to going to the farm. In doing this, we would hope to find some behavior change between the pre-test and post-test. Accompanied by the post-test would be a fun and interactive BINGO game that would test the children’s knowledge about fruit and vegetable descriptions.

If we had additional time we would approach the school officials through helping them start a committee group to continue the partnership with Deep Roots Community Farm. We would suggest forming a committee with stakeholders and those involved in health promotion within the school. To help promote the adoption of additional programs at Deep Roots Community Farm, we would set up a meeting at Deep Roots Community Farm allowing them to witness first-hand the benefits that this farm can bring to their school. We would also present evidence showing that hands-on learning and connecting
with local farms can enhance the wellbeing of children and improve academic performance.

References


Family Winter Night Out: A Winter Safety Program

Haley Hinze, Carrie Stella, Heidi Meyer, Ashley Eide, and Carly Windschitl, all undergraduate candidates in Community Health Education at the University of Wisconsin-La Crosse

Abstract: Family Winter Night Out is a free event sponsored by the School District of Onalaska, WI. This is a family event promoting winter safety and physical activity through education and hands on activities. Our goal is to increase levels of physical activity and decrease the number of fatal and non-fatal winter related unintentional injuries among children. Children ages 5-8, parents and caregivers, and families of low socioeconomic status are of specific priority. The event included supervised horse drawn sleigh rides, ice skating lessons, sledding, a winter weather clothing drive, winter safety activities, coloring, and information booths with take home handouts. Our pre-assessment showed that 100% of participants do not wear helmets when sledding or ice skating recreationally. It also showed that about 96% of children are supervised during winter activities. An evaluation of the program results showed an increased interest in having children wear a helmet while sledding and/or ice skating. Participants reported wanting more time to spend learning and participating in each individual activity. There were a few things that could be improved if they choose to implement again in the future, but overall we feel that our event was successful in raising awareness and educating families about how to avoid unintentional injuries during the winter months. We expect to see a decrease in the number of fatal and non-fatal winter related unintentional injuries.

Key words: Caregiver: A family member, friend, or paid helper who regularly takes care of a child or a sick, elderly, or disabled person. Frostbite: Injury to body tissues caused by exposure to extreme cold, often resulting in gangrene. Hypothermia: The condition of having an abnormally low body temperature, typically one that is dangerously low. Injury prevention: efforts to prevent or reduce the severity of bodily injuries caused by external mechanisms, such as accidents, before they occur. Injury prevention is a component of safety and public health, and its goal is to improve the health of the population by preventing injuries and hence improving quality of life (Dictionary.com). Priority population: individuals who are most in need of programs and services. Socioeconomic status (SES): economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation. Unintentional injury: bodily harm resulting from severe exposure to an external force or substance (mechanical, thermal, electrical, chemical, or radiant) or a submersion (CDC).

Introduction

Unintentional injury is the leading cause of death among children in the United States, taking more lives than disease, violence or suicide (Child Safety and Abuse Prevention Programs, 2011). With the winter months approaching, it is possible that some children will be playing outdoors unsupervised and uninformed. Without adequate education and supervision, children are at a higher risk of frostbite, hypothermia, unintentional injury, or even death. According to research, 18,500 children will visit the emergency room this year with ice-skating related injuries, and each year 24,500 children are injured in sledding accidents. 3,000 of those sledding accidents include a serious brain injury (Safe Kids Wisconsin, 2009). Experts also add that children are more prone to frostbite and hypothermia than adults because they lose heat from their skin faster and do not want to come inside when having fun playing outdoors (Children's hospital of Pittsburgh, 2008).
If children are provided with knowledge from a program like ours, it will increase their awareness of dangerous situations and help them develop the skills to make safe, informed, decisions. According to Child Safety and Abuse Prevention Programs (2011) 15,000 to 18,000 kids in the U.S. die every year and millions more are seriously injured due to a lack of time spent training on safety issues. The Child Safety and Abuse Prevention Programs (2011) also state that most safety experts and organizations, including ours, estimate that between 75 to 90 percent of tragedies could be avoided through better safety awareness and prevention. For these reasons, we decided that winter related unintentional injury is definitely a health concern among children. We felt children would benefit and obtain fewer injuries from a winter safety program.

Methods

Data There are various environmental and behavioral causes of winter related unintentional injuries. Some of these causes, as well as a description of the presence of causes in our population segments, are supported by the following list of statements and statistics.

- Colder weather elements provide difficulty for children to remain physically active. Often colder weather becomes an easy excuse for a sedentary winter.
- Children that are improperly dressed are at risk for health concerns such as hypothermia and frostbite.
- Injuries acquired due to winter activities range from minor injuries such as scrapes to broken bones, but have potentially fatal outcomes.
- Children can be too focused on the concept of play and not focused enough of safety.
- Children are not looking for safety hazards such as thin ice or trees when sledding.
- According to Cincinnati Children’s (2011), helmets are eighty-five percent effective in preventing brain injuries in children who participate in sledding. Also, when adults were present to monitor the types of risks were taken by children while sledding, the injury rate dropped to twenty-nine percent.
- In 2007, there were 24,500 estimated injuries from sledding in the United States (Safe Kids Wisconsin, 2009).
- Children can suffer serious head injuries from sledding, and should wear a multi-sport helmet. When sledding, do not go down a hill head-first. Sit up, face forward, use clear, safe path and make sure an adult is supervising.

Family winter night out was developed to meet the needs of children ages 5-8, parents and caregivers, and families of low socioeconomic status. We chose to focus on children because unintentional injury is the leading cause of death in children (Child Safety and Abuse Prevention Programs, 2011). Due to the fact that parents and caregivers have such power, control, and influence on children and their decisions, we decided to include parents and caregivers in the event. Lastly, we chose to target families of low SES because they have less access to winter clothing and safety gear, lower levels of education, and have fewer monetary resources to provide adequate clothing and safety gear.

According to the International Rescue Commission every winter the following are needed in high demands to reach families in need and protect against winter ailments.

Activities Our intervention activities included games, ice skating, sledding, informational winter safety booths, a winter clothing drive, and horse-drawn carriage rides. All of the activities were the same for each of our population segments, which were children ages 5-8, parents and caregivers, and families
of low socioeconomic status. We provided the activities with an emphasis on safety during the winter months.

Our first activity was a game we played called “Don’t Break the Ice”. Similar to musical chairs, the children walked around on carpet squares while the facilitator was telling the kids fun facts pertaining to winter safety. When the facilitator told them to stop, they had to choose a carpet square to stand on. Under one square, there was a crack in the ice. That child had “fallen through the ice” and needed to tell everyone one safety measure they would take in order to not fall through the ice again. We chose to do this activity because we wanted to teach children that playing on the ice can be fun but it is also important to know when and where it is safe to play.

Our second activity was ice-skating. Children and parents were able to rent ice skates and go skating together. We provided everyone with skate guards as well as some volunteer hockey players who were there to help kids skate and teach them how to skate if they did not know how. We chose to do this activity to give children a fun way to be active when it is cold outside while providing them with a safe environment to do so in.

Our third activity was sledding. The sledding hill was opened and kids and their parents were able to sled. The hill was lit up and in a designated safe area. There was supervision at the hill and a volunteer was there if anyone needed anything. We chose to do this activity to give children a way to stay physically active in the cold winter months while also having a safe and appropriate place for them to play.

Our fourth activity was informational booths. In order to target parents and caregivers, we created informational booths based on hypothermia, dressing for the weather and winter safety in general. We provided handouts which included all of the information at the booths so families were able to take the information with them and use it in the future. We chose to do this activity so everyone who attended this event was able to learn about the importance of safety in the wintertime and give them information on what they can do to prevent unintentional injuries. We also wanted to do the handouts so people could have them readily available if they were ever wondering about any aspects of winter safety.

Our fifth intervention activity was a winter clothing drive for donations. In order to target the families with a low socioeconomic status, the event was free and we also held a winter clothing drive. If families were able to, we asked them to bring winter clothing to be donated. Everything we received was donated to the New Horizon Women’s Shelter in La Crosse. We chose to do this activity because we were offering a free event and in the past, this event had a food drive. We thought a winter clothing drive was more appropriate for the event and we were very successful with donations from people who attended the event.

Our last intervention activity was horse-drawn carriage rides. Children and their parents were given the opportunity to enjoy a carriage ride through the park and spend time together as a family. Many of the children were also able to pet the horses and see them after their carriage rides. We chose to do this activity because it had been done in the past and people enjoyed it. Most families do not have access to horses and it is a fun activity for most children to be around animals and spend quality time with their families at the same time.
The focus of our collaborative matches very well with the Health Belief Model. The Health Belief Model depends on the sufficient health concern to make health issues relevant, which was proved about unintentional injury and physical activity in Healthy People 2020, Healthiest Wisconsin 2020, and in Healthiest County 2015: La Crosse.

**Evaluation Design**  To get an evaluation from children, ages 5 through 8, we placed a poster by our evaluation table that they would be able to write on, and tell us something new that they learned after attending our program. We found though, that the children participating in our evaluation struggled with writing, and were happier expressing their feelings from the night drawing pictures. They were asked to draw their favorite activity from those they participated in. By doing this we were able to learn which areas they responded to the best, and use this information to emphasis those activities in future programs as well as find ways to improve activities that received less enthusiasm.

The evaluation for parents and caregivers was an interactive design where they answered three questions by placing poker chips in the appropriate response box. We understood that taking time to fill out a written evaluation was unrealistic given the open layout of our program activities and the fact that parents would have to be supervising their children. We asked two simple yes or no questions, “Would you attend this program again?” and, “Because of this program, will you encourage your child to wear a helmet while sledding or ice skating?” We also asked one check all that apply question, “Which of the following safety activities did you find valuable? 1) Ice skating 2) Information booths 3) Safety activities.” By keeping our evaluations short and something parents could easily participate on their walk by the table, we thought they would be more likely to complete it. We do understand that many people do like giving programs feedback, which is why we also placed a comments/suggestions box at the end of the evaluation table. By this we placed a sign letting people know that we would greatly appreciate their feedback if they had any opinions they wanted to share.

We did not do any sort of evaluation for families of low socio-economic status that was different than the evaluations conducted for children and parent participants earlier mentioned. We concluded that it might make families feel uncomfortable having to fill out a separate evaluation form, and that it would be inappropriate at an event like ours to ask families about their socio-economic status. We did however host a clothing drive, from which all the donations will benefit women and children from families of low socio-economic status at New Horizons Shelter and Women’s Center.

**Results**

In the amount of time that we were given, we were able to successfully provide winter safety education and information by handing out flyers to the parents and children, as well as talking to them at specific informative safety booths. We also communicated “Ice safety” through an interactive activity called “Don’t Break the Ice.” We were also able to teach children how to skate and how to do so safely by having UW-L hockey players provide free skating lessons. By offering a free program to the general community, we also demonstrated ways for participants to be physically active (individually and as a family) during the winter months, and empowered them to make a difference by being actively involved in their community.

When we initially put up the poster for kids, we were hoping they would write something new that they learned. Instead, during the program we found that they preferred to draw, so we began asking them to share what their favorite activity of the night was. The activity most commonly drawn was ice skating. From this we can conclude that in future programs, high emphasis on ice skating safety should be implemented into the program design, and creative ideas should be sought after to increase children’s interest in other safety activities throughout the event.

From the parent/caregiver evaluation, we got a positive response from participants in regards to question number one, “Would you attend this program again?” where 31 participants said yes and 0 said no. Question number two had a mixed response, with 9 parents saying that they would encourage their child to wear a helmet while ice.
skating or sledding and 10 said no. Although this number is split down the middle, it did increase from our pre-assessment question from which we learned no children were wearing a helmet while ice skating or sledding, or being encouraged by parents/caregivers to do so. From the last question, we found that 8 parents thought the ice skating was a valuable activity offered, 4 parents thought the information booths were valuable, and 2 parents thought the safety activities in the conference room were valuable. From both the parent and child evaluations, we found a trend that ice skating was the most well received activity at our program. Again, we concluded that in future programs, high emphasis on ice skating safety should be implemented into the program design. Also, creative ideas should be sought after to increase interest in the safety activities offered to children, and find other ways to reach out to parents in order for them to receive the safety information offered.

Although we did not directly do an evaluation aimed towards families of low socio-economic status, we did host a clothing drive to benefit families in need of assistance. From this clothing drive, we received over fifty articles of winter clothing. All of these items will be donated to New Horizons Shelter and Women’s Center, located in La Crosse, Wisconsin, to help families in need of new or gently used winter clothing.

Discussion

If we had additional time and resources for this project we would do some things differently. For instance, we would make the event longer so children and their families would have more time to be physically active in a safe, supervised environment. Through this event we learned different things that we would incorporate into the night. We would adapt our layout to make sure that the participants would receive safety instructions before participating in the designated activities.

Health professionals should be well versed in the Health Belief Model. By understanding the perceived severity, perceived susceptibility, perceived benefits, etc., the health professional would know how to better serve the designated population.

If we were to do this project again we would take into consideration the time frame that the event takes place. We received feedback that many of the families would like to have additional time so the families would be able to experience all of the activities instead of picking a few. We would also change the time so that the event does not interfere with dinner time and also would not run past young children’s bed times.

Another aspect that we thought would influence our future efforts is to prepare take-home packets of the different winter safety information to ensure that each priority population received the information with or without visiting the booth. Another part that we learned about was to consider the layout of the site to ensure that the information is recognized by targeting the high traffic areas.

References


Kwik Trip Employee Wellness Program

Tyler Gilbertson gilberts.tyle@uwlax.edu, Brooke Kuster kuster.broo@uwlax.edu, Sara Mitchell mitchell.sara@uwlax.edu, all undergraduate candidates in Community Health Education at the University of Wisconsin-La Crosse

Abstract:
The Kwik Trip Corporation in La Crosse, Wisconsin currently has no wellness programs that are being implemented. With such a wide variety of employees with different health concerns, the topic of wellness is a great area to focus on. As program planners, we chose to plan and implement a program within the Kwik Trip Corporation that would promote wellness; more specifically we planned programs centering on nutrition, high blood pressure, and stress. We planned programs such as a Lunch and Learn with a dietician, an employee cook-off, yoga classes, informational display boards, blood pressure screenings, and newsletters. However, due to lack of time and resources, we were only able to implement the newsletters. There is a newsletter for each month of the year from November 2011-October 2012 touching on a variety of health topics. The Human Resources department at Kwik Trip was very pleased with the product, and they have faith that the monthly health information is a great start to their wellness program at the corporation.

Key Words: employee wellness, wellness program, blood pressure, stress reduction, nutrition

Introduction

Our health concern is overall wellness, or the lack of wellness in employees in a corporate setting. We divided the topic of wellness down into three sub-populations in which we thought were significant contributors to poor health. We wanted to address our health concern to hopefully improve people’s overall health by targeting people who fall into these priority populations; nutrition, hypertension, and stress. These three factors can have an enormous impact on one’s overall health, as well as affect many dimensions of health and wellness.

Our service population is made up of approximately 1300 people at the corporate office setting (however, including all retail stores, there are approximately 10,000 employees). They are all employees at Kwik Trip, specifically located on the north side of La Crosse, WI. The employees work amongst The Corporate Support Center, Warehouse, Food Safety Lab, or the Bakery. The average age of employees is 37 and this population is made up of a variety of racial and ethnic backgrounds. Depending on their job title, they work either first, second, or third shift. No matter the scheduled shift, employees can be at risk of a poor health and well-being.

There is found to be a negative correlation with poor nutrition and fertility, while there is a positive correlation between poor nutrition and morbidity and mortality (Centers for Science in the Public Interest). This same correlation is true for hypertension. Hypertension is a risk factor for heart disease, which is the leading cause of death in the United States for both men and women. Utilizing the information on the known risk factors and lifestyle changes would allow us to create several interventions. For example, this priority population would be targeted when the focus of a monthly newsletter on heart health had tips for improving high blood pressure. Targeting the lowering of blood
pressure could result in creating interventions for the reduction of heart disease. The CDC also offers a variety of methods to reduce the risk of developing high blood pressure.

Lifestyle interventions can help to lower heart disease, which decreases one’s risk for heart disease. Whether their weight is healthy or not, can be determined by having a physician or health care professional figure out their Body Mass Index as well as measures of waist and hip measurements to determine if there’s excess fat.

Stress is an important aspect of health. When feelings of stress are short and intense, our body knows how to respond (Stress Affects Both Body and Mind, 2007). Unfortunately, that is not the stress that most adults experience.

Instead it is a long-term stress level that can go on for days. This stress may come from a variety of sources in a person’s life. However, stress is not only caused by jobs. If portions of a person’s wellness are suffering, they are more apt to have higher levels of stress. The body’s response to stress is not usually a positive reaction. Many things can result from an extended amount of stress. It is well known that high levels of stress increase blood pressure levels as well as cholesterol levels. (Stress Affects Both Body and Mind, 2007).

Individuals ranging from ages 18-65 who are interested in a dietary change because it is a key element to one’s overall health and well-being.

As there are many benefits associated with a healthful eating plan, it is also important to put into account one’s personal food preferences as well as their level of interest and awareness in making healthier choices. Nutrition is a key aspect of one’s life. The environmental factors (community, family, organizations, etc.) of one’s surroundings are just as important when putting into consideration.

When it comes to an individual’s nutrition, they may be knowledgeable with many aspects of an adequate diet, yet we as an entire population are overwhelmed with the amount diet information and excessive sources. Confusion begins to rise when people start wondering how much they should consume or even how many times they should consume in a given time period. With a better overall nutritious diet, these risk factors can and will be decreased. With a worksite wellness program incorporating daily concerns of Kwik Trip employees, the overall health and well-being of the entire population will increase due to the knowledge and programs implemented in their daily routines, while using multiple methods.

**Methods**

As our access to Kwik Trip employees and wellness programming was limited, we understood that communication was going to be our dominant intervention. When considering our audience we knew that it included all employees of the Kwik Trip distribution center, from office executives, to workers in the bakery and dairy plants as well as workers in the stores. Therefore, we knew that we had to present the information in a way that was appealing to all professional levels and understandable to a variety of education levels. Using the newsletters as our dominant intervention allowed us to make a meaningful contribution because the information would reach nearly 10,000 people. After meeting with Kwik Trip representatives, we determined that wellness newsletters would serve as an effective intervention because Kwik Trip had previously used wellness newsletters received positive feedback about them.

Each of the priority population’s was chosen because a need for wellness programming exists for individuals who are interested in blood pressure, stress reduction or adequate nutrition. Wellness programming is essential for this population because those who are suffering from high blood pressure pose many increased risks to their overall health, including the
increased risk for developing other chronic diseases, including heart disease which is the leading cause of death of Americans. High blood pressure may also lead to a decreased quality of life, may cause neurological diseases such as TIs, strokes, dementia and cognitive impairment or it could damage other organs and organ systems (About High Blood Pressure, 2011). Health behaviors can also contribute to blood pressure. By participating in behaviors to keep their blood pressure low, it will reduce one’s risk of heart disease. Health behaviors which contribute to blood pressure include: diet, weight – specifically overweight or obese, physical activity, consuming alcohol and smoking. Lack of exercise can cause one to gain weight which can lead to high blood pressure. Drinking too much alcohol and smoking can raise one’s risk for high blood pressure. If someone is in pre-hypertension they are at greater risk for moving into high blood pressure. Heredity also affects blood pressure; those with a family history of high blood pressure may be pre-disposed to developing high blood pressure (Risk Factors, 2010).

The value of this priority population is that there are a variety of methods which can help an individual to lower or reduce their risk of high blood pressure. According to the CDC, lifestyle interventions can help to lower blood pressure which decreases one’s risk for heart disease. Eating a healthy diet can help keep one’s blood pressure down by maintaining a healthy weight. It is important to eat lots of fruits, vegetables, and foods that are low in saturated fat and cholesterol. Avoid sodium by limiting the amount of salt one adds to their food and be aware of how often one consumes restaurant foods and processed foods because they are high in sodium. Physical activity is important, being physically active means that one engages in physical activity for 30 minutes most days of the week. Quitting smoking can help to reduce risk of high blood pressure and if one doesn’t smoke, don’t start. Limit alcohol usage, if one drinks, drink in moderation meaning no more than one drink a day for women or no more than two drinks a day for men (How to Prevent High Blood Pressure, 2010).

The need for wellness programming on how to reduce one’s stress levels is also essential because many Kwik Trip workers are dealing with stress because of their jobs. Excessive stress may be extremely harmful for your body. When put in a stressful situation, our bodies go into what is known as the “fight or flight” mode. This mode is our body’s form of an alarm system. The hypothalamus signals for cortisol and adrenaline (hormones) to be released from your adrenal glands. As a result, this not only raises our heart rates and blood pressure, but it also curbs the functions of other systems in our bodies such as our digestive and immune systems. Therefore, if our bodies are constantly in this state, it is obvious why it poses a large health risk (Stress Management, 2010).

Stress is a common health concern of many Americans today. We all try to balance so many things at once. However, when our bodies are in this constant state of stress it can lead to many serious health issues such as heart disease, digestive problems, sleep problems, obesity, depression, memory impairment, or worsening of skin conditions (Stress Management, 2010). In work atmospheres such as Kwik Trip, high stress levels are often an area that needs attention.

Nutrition is also an important priority because adequate nutrition is the base of one’s daily diet. Good nutrition plays a very important role in one’s overall quality of life. According to the Center for Science in the Public Interest and their Nutrition Policy, unhealthy eating and physical inactivity are leading causes of death in the United States. Both unhealthy eating and physical inactivity combined are the top contributors to premature death, as 310,000 to
580,000 deaths occur per year (U.S. Department of Health and Human Services, 2010). These two death-related contributors are correlated to many other diet and inactivity related diseases including seriously overweight and/or obesity, stroke, many cancers, osteoporosis, hypertension, high blood pressure, coronary heart disease and diabetes. Most of these diseases are directly related to a typical American-style diet which includes an over abundance saturated fat, sodium and sugar. Overall, inadequate nutrition and a lack of physical activity may lead to the loss of one’s independence and different forms of disabilities. Disabilities resulting from both unhealthy eating habits and inactivity may include blindness and amputation caused by diabetes, hip fractures caused by osteoporosis and the possibility of a disabled heart caused by multiple heart attacks (HHS).

We planned our intervention based on the concepts of the CDCynergy (Cynergy) Model. This model was developed for use by health professionals who have communication responsibilities. This model is appropriate for analyzing our program efforts because of its focus on communication. It is important that we utilize a model which focuses on communication because our only ability to provide health education was through newsletters. This model allowed us to narrow down the worksite wellness concept to Kwik Trip where we found an audience segment that was large enough and unique enough that to justify completing a separate Kwik Trip wellness newsletter as a communication intervention. If we had the opportunity to implement our entire program, the focus on communication would still be important as we would continue to use newsletters, brochures, and discussion as modes of communication within the implementation.

We determined our three priority population segments to be Kwik Trip employees interested in high blood pressure, reducing stress levels and adequate wellness. For each priority population, a set of interventions was developed including a newsletter targeting each population segment. We used the Health Belief Model to guide us to develop our employee wellness program. We are using the newsletters as cues to action by covering many different topics which all promote wellness. By covering many topics we are hoping that Kwik Trip employees will start thinking about what their stage of wellness is for each topic covered. For example, after seeing a newsletter about Stress Management an employee may begin to think about how stress is affecting their work and home life.

We created a newsletter titled Heart Heath which featured information on heart disease and high blood pressure. This newsletter was distributed to all Kwik Trip employees and contains information about the stages of blood pressure, risks for high blood pressure, how to prevent high blood pressure, treatment of high blood pressure and instructions on how to measure one’s blood pressure with a blood pressure cuff station. According to an article by the University of Michigan when implementing a worksite wellness program, programs typically include health risk screenings and the following screenings are recommended: blood pressure, blood cholesterol levels, obesity assessment, diabetes testing, heart disease assessments, stress assessment and health education messages (Best Practices in Worksite Wellness, 2009). While our program will not include a health risk assessment, we are using this information to encourage Kwik Trip employees to seek locations where they could check their blood pressure and how to interpret their blood pressure numbers.

Two other interventions were developed to target employees interested in high blood pressure: taking a blood pressure and a table display. A section of the newsletter encourages
employees to get their blood pressure checked with their health care providers or at a location which has a blood pressure cuff. The steps of using the blood pressure cuff to measure their blood pressure were listed and the interpretation of the numbers was defined. An employee can earn 5 miles towards their mileage incentive program if they show they made an effort to get their blood pressure checked. A table display would be developed for the Kwik Trip store, which is housed in the corporate offices. This would include a tri-fold display with information about the risk of high blood pressure, the stages of high blood pressure, how to prevent high blood pressure and how to treat high blood pressure. The table will also include a brochure created from information on the LifeWorks website about blood pressure. There will also be brochures from local health providers regarding high blood pressure as well as record books available for those who wish to monitor/record their high blood pressure. These interventions fit into the perceived seriousness of the Health Belief Model; Kwik Trip employees know that if they develop high blood pressure, it puts them at greater risk for developing heart disease which can lead to a heart attack or stroke. When developing these interventions we also took into consideration transfer of learning, for this priority population, it is essential to design a program that presents the content in various methods. While all of the program participants may be interested in learning about high blood pressure, they may not all be interested in learning about it only through lecture. It is important to recognize that everyone learns differently and that we need to create various activities to accommodate as many learning styles as possible.

Three interventions were also created for employees interested in reducing their stress levels. A newsletter was created on Stress Reduction which includes information on health risks, relaxation techniques, tips, and resources for the employees. Another intervention includes instructions on how to perform deep breathing exercises, which was included as a part of the newsletter on stress reduction. This practice is a great way to relax when an individual does not have time for any long-lasting relaxation techniques. Deep breathing exercises align with the Health Belief Model as it overcomes the perceived barrier of not having time to de-stress during the day. This practice consists of breathing in slowly through your nose, using only your diaphragm. After a deep breath in, you hold your breath for a second or two and then follow it with a slow exhale. Every part of your body must be relaxed while only your diaphragm moves. It is recommended to do a few of these breaths back to back. Deep breathing exercises are a great way to promote stress management because it is quick and easy.

The final intervention is the development of an employee yoga class; the class will be a 45 minute class offered at the Kwik Trip corporate office and led by a certified yoga instructor. This class will be offered once a month for six months. Yoga has been proven to be effective in stress reduction, as well as weight-loss, increased fitness, and management of chronic health conditions. “With its quiet, precise movements, yoga draws your focus away from your busy, chaotic day and toward calm as you move your body through poses that require balance and concentration” (Stress Management, 2010). By eating a healthy diet, incorporating movement into your day, practicing relaxation techniques, and having a strong support system, stress levels can be managed. However, it takes effort and time to incorporate these things into your life. By creating activities that are rather short in length and easily accessible, there is a greater chance for positive results. Activities such as these within the Kwik Trip Corporation will help individuals with lowering their stress levels, and will make the corporation a healthier environment with healthier employees.
For the third priority population several interventions were created to address adequate nutrition. We addressed nutrition because for the billions of dollars being spent towards preventing the multiple types of diseases related to inadequate nutrition, there are relatively easy and inexpensive adjustments individuals can take part in to prevent chronic diseases related to unhealthy diets and inactivity. According to the National Center for Chronic Disease Prevention and Health Promotion, individuals can prevent or delay onset type 2 diabetes by developing lifestyle changes in diet and exercise. Two newsletters were created on Reading Food Labels and Hydration. Within the newsletter, employees are given tips to stay hydrated, reasons why individuals can become dehydrated and their symptoms, as well as the treatments and risk factors regarding dehydration. Using the Health Belief Model as a guide, these newsletters will benefit employees in the likelihood of taking action by using multiple tips and strategies provided to improve overall quality of life. Employees will be able to use the information provided within each newsletter for both their worksite as well as outside the facility.

Another intervention that was created was a Lunch and Learn Session coordinated by a Certified Dietitian regarding the importance of healthy eating and physical activity. Kwik Trip will have hired a local certified dietitian to educate employees concerning nutritious food items, their affects within the body and the importance of incorporating physical activity in one’s daily life. Participants will be allowed time for questions and additional questions can be asked to the dietitian through email or visits. Each employee who participates in the Lunch and Learn will be able to check-in and receive 5 miles towards the mileage incentive program.

The final intervention developed would be an employee cook-off between the different facilities located at the La Crosse Kwik Trip Distribution Center. During the employee cook-off, different teams will compete against one another with their selected recipe. Each team will be given an hour to cook their product that will eventually be presented and eaten by an evaluation team. For the employees who choose to participate in this activity, they will be awarded 20 miles towards their overall miles. In addition, the team with the winning recipe will each be given an addition 20 miles. Each nutritious recipe will be distributed company-wide. We also chose to utilize a mileage incentive program, because according to the Health Belief Model, a perceived benefit may be that Kwik Trip employees who are interested in the mileage incentive program, may know that exercise can help delay the onset of heart disease and help to maintain a healthy weight. By initiating a program where employees convert all physical activity into mileage in order to receive rewards we are getting employees motivated. This motivation will help to increase their physical activity levels.

An evaluation plan was created specific to each priority population and to the objectives that had been developed for that population. The evaluation plan that was developed for the Kwik Trip employees interested in high blood pressure included a review of the newsletter by the Human Resources Department. The Human Resources department will distribute the newsletters on the first Monday of each month, mid-month an internet survey will be sent out to employees. This survey will allow employees to indicate whether they are receiving the survey and ensure that it is being distributed. To test employee’s current knowledge of high blood pressure, a pre-test will be distributed to 200 employees one month prior to distribution of the newsletter, after the newsletter is distributed and the information table is displayed, a post-test will be distributed to the same 200 employees to see if their knowledge of high blood pressure increased. Finally, an evaluation will occur of how many employees were able to measure
their blood pressure at a blood pressure cuff station. This will be measured by how many employees report to their wellness coach their blood pressure, mileage points will be reimbursed to participating employees.

The evaluation plan that was developed for the employees interested in stress reduction includes a HR review of the newsletter. To prepare for the employee yoga class, a yoga instructor will be contracted by the HR department to instruct classes for six months. Employee’s yoga practices will be assessed through a yoga questionnaire which is to be delivered to regular yoga class participants after the implementation of the six months of yoga classes; it will measure whether regular yoga participants incorporate yoga into their everyday lifestyle. Employees will receive an email questionnaire about stress and deep breathing, an increase in knowledge of how to effectively perform deep breathing exercises will be assessed through a stress reduction post-evaluation questionnaire. The pre/post stress questionnaire will also evaluated whether employees are able to explain the poor effects that high stress levels can have on their health.

The evaluation plan that was created for employees interested in adequate nutrition includes a review of the newsletter by the HR department. Distribution of the Benefits to Good Exercise, Benefits to Hydration and Reading Food Labels newsletters will also be measured through an email survey. A pre-nutrition activities questionnaire will be distributed to employees. After the employee cook-off wellness coaches will have one-on-one meetings with participating employees to evaluate the success of the program. After the Lunch and Learn presentation, an anonymous questionnaire will be used to measure knowledge gained from the nutrition activity. All evaluation reports will be distributed to the Kwik Trip Employee Wellness Committee to review and interpret data. The reports will then be distributed to the Human Resources Department after interpretation of data is complete.

Results

Due to the limitations of time as well as limitations placed by Kwik Trip Corporation, we were able to develop twelve wellness newsletters that focused on various elements of wellness including physical, mental, emotional and financial health. During the semester we were able to implement the November and December wellness newsletters.

Discussion

If we had additional time and resources, as well as accessibility within the Kwik Trip Corporation, we would have implemented a complete wellness program at Kwik Trip. While we developed newsletters that reached all 10,000 Kwik Trip employees, we also developed a wellness program that targets the employees at the Corporate Offices in the La Crosse plant. The additional activities included the development of a wellness committee and the creation of a mileage incentive program. Additional programming included the development of a heart disease display table, employee yoga class, Lunch and Learn with a dietician, and employee cook-off. Each of these activities would provide “miles” for the overall mileage incentive program. Then, at significant mile markers, employees would be eligible to win prizes. So given that we would be supplied with a wellness budget, as well as other resources, these further steps would be taken.

With the intention to move forward with the extended wellness program, conducting further research would be beneficial. Studying common health issues among middle-aged adults would be helpful with indicating and reinforcing the important focus areas. Also, by performing a study with the Kwik Trip
employees on their specific situations, the programs conducted within the wellness program would likely be more effective and successful. Finally, when planning the program, it would be helpful to research and use various related theories. The MATCH model (Multilevel Approach to Community Health) recognizes that interventions should be aimed at a variety of objectives and individuals, which is very applicable to this population. In addition to MATCH, the Community Readiness Model will help determine whether the program will be effectively implemented and supported in the community. This model consists of nine stages of community readiness and will only help in the success of the wellness program. There are a number of behavioral models that would also be helpful in understanding the participants of the program. For instance, the Health Belief Model gives the health educators an idea of barriers of action as well as reasons to act that may enter the minds of the priority population. By understanding these things, the program planners will have an idea of what they need to do in order to obtain and keep participants. Theories and models therefore can contribute a great amount of success in a program. Program planning and implementation is a long process and involves many steps to lead to a result. There are many obstacles that appear such as convincing an organization that a wellness program is needed, getting people to participate in your program, and creating a good relationship with your partner organization. Other aspects such as money and resources are also crucial to a great program plan. The planning path needs to be laid out step by step, including every small detail, all the way down to knowing the day you choose to post promotions for a certain event. However, the implementation point of the program is a very rewarding time. Witnessing the success and knowing the difference your program made makes it all worth it!

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References


Marketing Curves to Older Women for a Healthier Future
Collaborative Practice for Service Learning
About Program Development

Alison Glodowski, Brittany Innes, Kate Lesnar, Kailynn Mitchell, and Megan Muehlenbruch
Undergraduate Candidates in Community Health Education at the University of Wisconsin – La Crosse

Abstract: Obesity is a growing problem in the United States. The La Crosse County Health Department has labeled older adults as one of the highest risk populations in need of the most intervention. The CDC reported women are three times more likely than men to obtain a hip fracture due to a fall. Regular exercise and weight bearing activities strengthen the muscles and have been proven to decrease the risk of falling (Centers for Disease Prevention and Control, 2011). Our goal is to increase physical activity amongst older adult women by initiating their participation in the Curves organization. By using different communication methods as marketing strategies we can better target our population. The planning process for this marketing program to older adults proved to be more difficult than expected.

Key Words: Collaborative: To work with others on a joint project. Curves: A fitness facility designed specifically for women that offer a complete nutrition and exercise solution. Obesity: An adult who has a BMI of 30 or higher is considered obese. Overweight: An adult who has a BMI between 25 and 29.9 is considered overweight.

Introduction

Obesity in America is a serious epidemic that is common in every community, deadly to the population, and is very costly. One third of U.S. adults are obese and 12 states have a prevalence of obesity that is 30% or more ("Adult obesity," 2011).

The rates of obesity have been climbing steadily for the past 10 years in Wisconsin and if something is not done soon they will continue to rise. In 2007 La Crosse county 21.7% of the population was obese and 58.2% were overweight. Obesity burdens everyone in the community especially the individuals that are obese. There needs to be more programs for older adults in order for them to reduce their weight and be able to live better lives.

Several different programs have been put in place to address the wellness, more specifically the physical activity levels, of older adults. One example is a program called CHAMPS, or Community Healthy Activities Model Program for Seniors. In this program extensive pre-evaluation was done along with significant research before it’s implementation. There are three different program sub-categories currently in effect under the CHAMPS umbrella. Post evaluations found that the participants were very pleased with the program and the program has seen results allowing them to continue to further develop and focus more program types (Stewart, 2008).

The National Institute of Aging has implemented a program called Go4Life that incorporates nutrition and wellness into the program. Their program has materials for organizations, health professionals, and family and friends in order to make a well rounded support group and approach knowledge in different ways. Several different tracking methods and support mechanisms are established as well. Their website has many stories of success from older adults themselves (National Institute on Aging, 2011).
Some other examples of programs that have seen results are the Silver Sneakers Fitness Program at YMCA of Metropolitan Milwaukee and Strong Seniors in La Crosse as well as surrounding cities. The Silver Sneakers program gives the Medicare-eligible population a free basic fitness center membership as well as having specially designed fitness classes. The program focuses on cardiovascular health, muscle strength, balance, coordination and conditioning ("Silver sneakers," 2011). Strong Seniors is a program aimed at individuals over the age of 75 and it encompasses 30-45 minutes of group physical activity led by La Crosse County Certified Fitness Instructors. The classes are provided in order to improve the participant’s balance, to help build endurance, and strengthen muscles ("Strong seniors," 2011).

Methods

Common health conditions that are associated with obesity are heart disease, stroke, type 2 diabetes, and certain cancers. “In 2008 medical costs associated with obesity were estimated at $147 billion and the medical costs for third party payers were $1,429 higher than those of average weight ("Adult obesity," 2011). Medical costs could include preventive, diagnostic, treatment services, morbidity, and mortality. It costs Wisconsin about $1.4 billion per year to treat obesity related health problems. Non-Hispanic blacks have the highest rates of obesity (44.1%) compared with Mexican Americans (39.3%), all Hispanics (37.9%) and non-Hispanic whites (32.6%) ("Adult obesity," 2011). Between 1988–1994 and 2007–2008 the prevalence of obesity increased in adults at all income and education levels ("Adult obesity," 2011).

In 2000 Wisconsin had an obesity rate of 15-19%, in 2005 Wisconsin had an obesity rate of 20-24%, and in 2010 Wisconsin had an obesity rate of 26.3% ("Adult obesity," 2011).

Most adults that are 65 and older in La Crosse County are not being physically active and in most cases remain sedentary. Forty-one percent of people that are 65 years and older are obese, therefore the La Crosse County Health Department has labeled older adults as the one of the highest risk populations and are in the most need of intervention (Choudhary & Rooney, 2009).

One of our priority population segments is older adults that attend English Lutheran Church. Knowing that 41.3% of adults in La Crosse County are considered obese, we needed to find a way to reach these older adults that are at such a great risk. After talking with the office manager there, she informed us that they do have a large population of adults 65 and older and that they could benefit from an exercise and nutrition program. These older adults are already a part of a social circle therefore they could encourage themselves and others to participate in a program.

Our second priority population segment is older adult women. According to the CDC, regular physical activity can reduce the risk for many diseases and injuries. The CDC also reported that women are three times more likely than men to obtain a hip fracture due to a fall. To help prevent these falls, regular exercise and doing weight bearing activities will strengthen the muscles and has been proven to decrease the risk of falling (Centers for Disease Prevention and Control, 2011). Also according the National Institute of Health, osteoporosis is most common in women and can help be prevented with adequate nutrition and exercises that strengthen bones. To reach this population we would like to collaborate with the Curves organization, which focuses on women’s exercise. We would like to be able to reach more women in La Crosse County that maybe don’t know about the program or need a push to start the program.
Our third priority population would be adults over age 65 that live in housing sponsored by the La Crosse Housing Authority for Elders. These housing options usually have a limit on the value of an individual’s assets. Because their assets are limited – whether it’s arranged that way or natural – it’s less likely that they will be members of gym that can provide an outlet of physical activity. In addition, some of the housing options don’t offer very adequate locations for adults to get out and get active. With this population it would be desirable to begin a walking and wellness club between the different housing segments. This would incorporate incentive, social support and education on safe and healthy physical activity.

If we had been able to carry out our marketing plan we would have hung up our flyers around various locations throughout La Crosse and Onalaska. These flyers that were created had coupons for one week free trials, which could be redeemed at the Onalaska and La Crosse Curves would have been recollected to see how many coupons were taken. This number would have served as an estimate of how many women gained awareness of the Curves program and/or gained interest in the program. The coupons also would have been collected by the Curves locations as a way to measure how many women took the initiative to actually come in to Curves with our coupons, showing a program success.

**Intervention Activities**

Our program was developed based off of the SMART Model. There are seven phases including: Preliminary Planning; Consumer Analysis; Market Analysis; Channel Analysis; Development Interventions, materials, and pretest; Implementation, and Evaluation. In developing our activities, we focused on Consumer, Market, and Channel Analysis. Based on these analyses, we were able to identify the population’s wants and needs, establish and define the four P’s (Product, Place, Price, Promotion), and assess options for program distribution. Phase 5 and 6, which were Development and Implementation respectively, guided our program in the creation of marketing materials and communications.

Each group member will post at least 5 flyers at their designated locations. These locations will include places where women 65+ at the church tend to go, adults 65+ living in the La Crosse County Housing tend to go, and women 65+ in general tend to go (hair salons, shopping malls, gas stations, etc.).

The brochure would be completed in a word document and include information explaining the Curves workout and what it entails, a description of the Curves organization, success stories from current or past members, and location information.

Our group would first decorate a tri-fold describing the Curves program and the organization. We would include pictures, further details about the program, and why women 65+ at the church should participate in the organization. Next, our group will actually set up our tri-fold at a Festival Foods location and further promote the Curves Organization. We would pass out our brochures at this time and explain information to people who may be interested.

Our group will further market the Curves program women 65+ at the church through a radio broadcast. This broadcast would reach many people within the La Crosse community and would also explain and describe the Curves program and provide information on why older adult women should join.

**Evaluation Plan**

For each priority population segment we would evaluate the program the same way. Evaluation
will be conducted by keeping track of the coupons that the women bring into the Curves that are from the flyers we post and brochures we hand out. As well as counting the coupons, the application that Curves has new members fill out asks how the member heard about Curves, we will be using this as a way to count how many people we as a group got to come there. We will summarize the data probably by counting how many new members came in each week and how soon it was after we posted flyers or presented our booth. We then will present Curves with this data so they know how well our marketing is going and if they would benefit from doing the same type of things in the future. We will give them this data at the end of our program in mid-December.

Flyers will be printed and distributed throughout the community and we will periodically check to see if any coupons have been ripped from them to help us analyze if people are seeing and reading them.

A brochure will be developed and distributed to women when possible. We will able to evaluate the effectiveness of the brochure by seeing if women are more educated about Curves after reading them therefore we can improve it if needed.

We will evaluate the effectiveness of our booth by talking with the women while they are there and taking notes on what they convey to us. We will try to develop whether or not they understand why they should be working out and how it will benefit them. We will summarize this qualitative data and decide what we can do better as a group the next time we may do a booth.

A radio advertisement will be broad casted here in La Crosse that promotes Curves. We can evaluate this by making sure we know how many times the ad will play on the radio and what population segment listens to that radio. Then we can estimate how many people will most likely hear it.

The behavioral learning objectives will be evaluated with a survey we will implement before and after participants use the facility. We will summarize this qualitative data and report it to the owners at Curves so they are aware if they need to make improves and how to do so. These surveys will be given to them before the end of the semester.

**Results**

Throughout this entire process, we became very aware of our limited time that we had to complete our tasks. However, many tasks were accomplished that can be beneficial in the future. We were able to complete an updated, organized, and creative brochure for the Curves Organization that they can now use for future promotion of their exercise program. We also developed attractive flyers that we posted throughout the La Crosse and Onalaska communities in order to market the Curves Organization to older adult women.

A tri-fold was also created to be displayed at a Festival Foods location to further promote the Curves exercise program to an older adult population. However, we were unable to set up a booth with our tri-fold at a Festival location due to lack of communication and limited time. Other businesses such as Walgreens, were contacted for a tri-fold set up but we were denied due to company laws and regulations. We also tried to conduct a radio advertisement to further the promotion of Curves, but this was unsuccessful as well because our priority population of older women would not have been targeted.

All of our marketing strategies to advertise the Curves Organization included a one-week trial coupon that would be used in the evaluation process to determine how many participants we
actually brought into the Curves facilities. Due to one of the Curves facilities closing down, we were unable to effectively evaluate our program.

Discussion

Several roadblocks presented themselves during the planning process, some which could have been avoided. Had there been more time to plan and implement this program, we would have done a more thorough evaluation of the best collaborative to work with. We would have started by gathering a more well-rounded list of organizations in the La Crosse community that work with and serve our population of older adults. Our program plan took several different turns. The initial plan of creating our own nutrition and walking program fell through on account of delayed communication and not enough interest to reach our goals. With that idea being decided against we had moved on to an attempted collaboration with the existing Strong Seniors program. This was another setback because we had begun planning various program concepts before we heard back that they were already in collaboration with another student group and unable to work with us. From here a marketing program with Curves came about, which didn’t prove any lack of roadblocks in itself.

As previously eluded to, one of the biggest setbacks was establishing a relationship with our desired collaboratives. From the start there was a struggle to find an organization or program that was able and willing to work with us in the capacity we wanted. Throughout this process communication proved to be a struggle. Organizations either took longer than our allotted time when it came to responding to us or they never ended up responding to our communication efforts in any way. It appeared as though many prospective organizations didn’t trust our abilities in planning a program or didn’t take us seriously, knowing that the purpose behind our program was completing a task for a class. This resulted in lost time because planning a specific program proved difficult when the exact population and collaborating organization were not established.

Another struggle in communication came in our attempt to establish a site for our booth. With Curves as our established collaborative we would have liked to better communicate with them to find what previous collaborations they have been involved with in order to aid in various aspects of our marketing plan. In our contact efforts we found that many organizations did not find our efforts as a priority and therefore didn’t take the time to respond to our inquiries. Our communication efforts had span across phone calls, emails, and in person communication. For those organizations that did respond to our communication efforts for setting up a booth, we found that many were hesitant to allow for outside, for-profit organizations to come in and do their own marketing.

An additional communication error that as a planning team we had less control over was the issue of the La Crosse Curves location closing. When we approached Curves about having the opportunity to market their business as a way to increase physical activity levels among older women they had no mention of their financial instability or anything of the sort that would have cued us into the problem of the Curves location closing. While many businesses may be ashamed to say they are closing down, it was unfortunate that the Curves location agreed to collaborate on a program with us given their financial situation. In the future we would like to do a slight investigation on the financial stability of our intended collaborative.

Another struggle that came about was that of time management. Planning the program we originally wanted proved to be more of a task than the semester allowed for. With the ever changing focus of our program it was difficult to
use our time efficiently at the start of the planning process. Our busy schedules made it difficult to find adequate time to dedicate to establishing clear and strong relationships with all those involved in our intended program. In addition it led to us doing less pre-planning and pre-implementation researching.

In the future it would be beneficial to establish a more rigid timeline that would take into account some of the possible roadblocks we faced. In such a timeline 3 potential collaboratives would be contacted at the same time while general program plans are established. This would help address the issue of wasted time in establishing a connection with a collaborative. In addition. Laying out a team program timeline would help visualize the end of the program and could allow for less deviation from the timeline when it roadblocks come up because solutions can be created with an ending time frame already established.

In the future, doing more qualitative research in the realm of interviewing older adults may prove beneficial for health professionals in planning a program. Taking the time to see what the main health concerns and issues are in the specific population will greatly aid in deciding the most beneficial place, time, format, and collaborative for the program.

The planning process for this marketing program for older adults proved to be far more difficult than would have been expected. With communication and time management struggles the program was not able to be fully implemented. By creating a more rigid timeline that allowed for unexpected deviations as well as doing qualitative research, this program would have been more successful in addressing the obesity epidemic among older adults.

References


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