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Healthy Choices for Healthy Teens

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“Healthy Choices for Healthy Teens”

In *Monterey County*, the childhood *obesity* rate is 48.6% and is considered the fourth highest percentage of overweight/obese children among the 58 counties in California (UCLA Center for Health Policy Research, 2011). The Greenfield Union School District After School Education and Safety Program is a program designed to keep *students* safe, to provide homework support, and to provide enrichment and physically *healthy* activities. An educational intervention project was implemented at the After School Education and Safety Program to address *obesity*. The purpose of this project was to promote a healthy environment within *schools* and support the health and well-being of all *students* in the After School Education and Safety Program. The expected outcomes for this project were for *students* to increase nutritional knowledge, to inspire *students* to be engaged, and witness students making *healthy* progress. The project implementation was achieved by presenting weekly lessons to 6th through 8th grade levels, and creating a guide for future staff. The Healthy Choices for Healthy Teens lessons were assessed through pre and post survey. These results showed an increase in nutritional knowledge, and in *healthy* choices. After concluding this project, 85% of the *students* found these lessons helpful to ensure future *healthy* habits. Recommendations for the After School Education and Safety Program is to train staff to provide a learning environment for future interns and continue this project to enhance the *students* knowledge of *healthy* choices.

Keywords: *obesity, healthy, Monterey County, schools, students*

AGENCY AND COMMUNITY SERVED

Greenfield Union School District's mission is a child-centered District that prepares students with the best quality education, and helps discover their potential so students become life-long learners and positive contributors to society (Greenfield Union School District, 2016). Greenfield District is committed to improve students' performance, developing, completing and implementing plans, maintain positive and full communication, and fulfill the development of the students' academic and social potentials. Through these values, we are able to achieve and improve academic excellence.

The After School Education and Safety Program (ASES) provides a variety of services to help its students be successful in their academic ventures and success out of school. ASES is public program, which its vision states that after school program is a fundamental program that provides learning opportunities to prepare students for their higher education, careers, and personal life (California After School Network (CAN), 2014). In 2000, ASES was implemented in the Greenfield District, where it has grown as a program. Throughout time, it has expanded their qualities of academic enrichment and safe environment (S. Laurel, personal communication, February 23, 2017). Some of the important qualities for the student's success are safe environment, engaged learning, skill building, healthy choices and behaviors, and collaborating with other programs (CAN, 2014). The Greenfield Union School District serves 3,500 Pre-K to 8th grade students whose primary language is Spanish. In the ASES program, the elementary schools serve 100 students and Vista Verde Middle school serves 60 students. Graphs that are more detailed of student demographics and ethnicity can be seen in Appendix 1 and 2.

PROBLEM/ISSUE/NEED ADDRESSED

Today, in America we can see a high increase of childhood obesity. In Monterey County the childhood obesity rate is 48.6% and is considered the fourth highest percentage of overweight/obese children among the 58 counties (UCLA Center for Health Policy Research and California Center for Public Health Advocacy (CCPHA), 2011 para.4). Obesity will be addressed in South Monterey County, since they lack resources that are beneficial to the population's health and well-being. Childhood obesity is defined as, "abnormal or excessive fat accumulation that can affect children and teenagers' health" (Childhood Obesity Foundation, 2015). Physicians determine a child's obesity and overweight by their Body Mass Index (BMI), which includes body weight and height. The Center for Disease Control and Prevention (CDC) (2017) states, "Children with a BMI at or above the 85th percentile and less than the 95th percentile are considered overweight" and "Children at or above the 95th percentile are considered obese" (para. 3). A study done by Monterey County Child Obesity in 2005 evaluated that in the past 20 years obesity has risen significantly in the United States especially in the children population (p.2). Childhood obesity has been a serious problem not only in Monterey County but also in the entire United States. The childhood obesity by race includes non-Hispanic whites, non-Hispanic Blacks, and Mexican American. Analyzing the data, it resulted in non-Hispanic blacks and Mexican American being the highest rates in childhood obesity (American Heart Association, 2016, para.5). More detailed graphs with rates can be viewed in Appendix 3 and 4. This problem (Childhood Obesity) is establishing serious risk for their health, and life.

CONTRIBUTING FACTORS

Factors that contribute to childhood obesity are environment, lack of physical activity, heredity and family, socioeconomic status, lack of nutritional knowledge, and numerous

processed foods in schools. Environment contributes to childhood obesity in ways that promotes unhealthy foods and eating habits such as television commercials, internet ads, and radio ads. In these new generations, ads promote tremendously through technology, which brightens the eyes of every child. According to the Childhood Obesity Foundation (2015), also is believed that living in an environment where healthy eating and physical activity are not encouraged contributes to the problem (para. 8).

Lack of physical activity as well contributes to the childhood obesity rates in Monterey County. The new generations of children are growing into technology; there has been increase in computer usage, television watch, and cellphone or tablet usage. This rapid technology change has decreased the physical activity. Numerous children now love to be in their devices rather than being outside and riding their bicycles. Now, students' only activities consist of recess or physical education class. According to Obesity Action Coalition (2017) in the past students obtained physical education as a daily requirement, now certain schools made it a requirement and others have not (para. 17). The lack of required physical activity is affecting the health of children.

Another contributor to childhood obesity is heredity and family. Science has concluded that genetics contribute to obesity, and its contribution is between 5 to 25 percent (Obesity Action Coalition, 2017, para. 18). If parents are obese, it is more likely that their children may be obese when they become adults. Not only does heredity play a role in obesity but as well family environment. When children are young, they learn from everything they are surrounded from seeing and hearing. Children learn numerous behaviors such as eating habits. Children who are taught to eat healthy and manage their portion size, their life style is healthy. However, children who are taught to eat unhealthy food and do not manage their portion size, their life style is

unhealthy. “Learned behaviors from parents or family members are major contributors” (para. 19). These behaviors are the result of what their health will be when they grow up to be adults.

Socioeconomic status contributes to the problem that affects the children/adolescents. Obesity Action Coalition (2017) states, “Children and adolescents that come from lower-income homes are at greater risk of being affected by obesity (para. 20). These families have a higher chance of being affected because they only earn enough income to provide for basic needs. The lack of access, availability, and affordability to healthy foods contributes to the issue, which makes it is easy for families to buy unhealthy foods due to the low cost.

The lack of nutritional knowledge is a major contributor to childhood obesity. Now, children, and their family eat believing that all foods are healthy. During the After School Program (ASES) given the opportunity to speak to students a question was being addressed, which questioned if they knew what nutritional met, they did not know. (V. Vega, personal communication, March 22, 2017).

Lastly, another major contributor is processed foods in schools. Although schools try to provide the healthiest foods, most if not all foods given are processed. According to Komisar (2011), “Schools get the food free; some cook it on site, but more and more pay processors to turn these healthy ingredients into fried chicken nuggets, fruit pastries, or pizza” (para. 4). As the research states it has been a huge problem, and is teaching students that it is right to eat unhealthily. An example from Michigan department of Education states that they get free raw children, which is worth \$11.40 a case and is processed into chicken nuggets at \$33.45 a case (Komisar, 2011, para. 5). Analyzing the information it is clear that numerous schools are using the agricultural and other companies’ surplus to feed students unhealthy meals. Why is this issue allowed to happen? Komisar (2011) states that part of this issue is based on school authorities

and management companies. School authorities do not want to have trouble in overseeing real kitchens and are trying to save money and not pay skilled workers to do the job.

CONSEQUENCES

The factors mentioned above bring numerous consequences to students. The consequences include common health issues; high blood pressure, high cholesterol, diabetes, sleep apnea, weight gain, and depression, bullying, and negative self-image/ low self-esteem. These consequences can easily put the students' life at risk. Common health issue like high blood pressure is linked to being obese for the reason that having a large body size may increase pressure, which the heart needs to pump harder to supply blood to all cells (CDC, 2016). A person who has sleep apnea is overweight and may have more fat stored around his or her neck. This may make the airway smaller. A smaller airway can make breathing difficult or loud (because of snoring), or breathing may stop altogether for short periods of time" (NIH, 2012). Another consequence that it is seen in obese students is negative self-image and low self-esteem. Their low self-esteem can translate into feelings of shame about their body. The American Academy of Pediatrics (AAP) (2015) stated that this population may be told by classmates (and even adults) that being heavy is their own fault. They might be called names. They could be subjected to teasing and bullying. Their former friends may avoid them, and they may also have trouble making new friends. They could be the last one chosen when teams are selected in physical education classes (para. 4 &5). For many years, bullying has been increasing and it has been affecting the student population. Lastly, depression has also been a serious consequence to obesity. Students that feel depressed usually "feel as though they do not belong or fit in anywhere" (AAP, 2015). Students may also feel like an outcast, lonely, less likely to be "popular or cool". These types of feeling are not only hours or days, usually these feeling

appear to be longer and it is seen as depression. An organized chart regarding these causes, problem and consequences can be further seen in Appendix 5.

CAPSTONE PROJECT DESCRIPTION AND JUSTIFICATION

Purpose and Project

An educational intervention project was implemented at the After School Education and Safety Program to address obesity in South Monterey County. The title for this project is Healthy Choices for Healthy Teens. The project implementation taught students numerous skills that are not taught during the regular school hours, such as reading labels in each product, nutrient content, portion size, the benefits, physical activities, and self-care. The purpose of this project was to promote a healthy environment within schools and support the health and well-being of all students in the After School Education and Safety Program. The objective of this project was to provide accessible resources to students' in the South Monterey County, since students and their family lack in resources that benefit their health and well-being (S. Laurel, personal communication, September 06, 2017).

According to CDC (2017), "many experts believe schools are a key setting for efforts to prevent childhood obesity" CDC has also seen in multiple studies that "it has been found that a comprehensive school-based approach is effective at preventing obesity" (para. 4). Regardless of their weight number, this project wants to promote a healthy environment. As well, this support will connect and involve parents or caregivers to provide a fun and healthy environment. Overall, the project will promote healthy living to students at a young age to prevent and increase the students' self-esteem.

PROJECT IMPLEMENTATIONS

The project was implemented at the middle school After School Education and Safety Program (ASES). The ASES is designed to keep students safe, provide homework support, and provide enrichment and physically healthy activities. The project was carried out by PowerPoint presentations, an online game, and informational sheets. Six weekly presentations were presented clearly and concisely to the 6th through 8th grade students. Additionally, a guide was created for the ASES staff to teach future students of the program.

Each presentation lasted 20 to 30 minutes. Weekly topic presentations include:

1. What is Nutrition?
2. What is a Nutritional Label?
3. Nutritional Label Definitions
4. What are vitamins and their benefits?
5. Portion Size/Different Methods to measure our food
6. Physical Activities/Self-care

After each presentation, an online game (Kahoot) was implemented for students to test their knowledge through various questions. Depending on the lesson, students were provided with informational sheets to take home for their own reference. The guide for the staff consisted of the same information presented to the students, and prepared staff on how best to present health awareness to the students in weekly lessons, and resources that may help them better understand the topics. Methods and scope of work can be seen in Appendix 6.

Two the main obstacles that were faced when trying to implement this project were postponing start date for the project to be implemented and change of needs that needed to be addressed within the program.

PROJECT RESULTS

Assessment of the Project Outcomes

The expected outcomes for this project were for students to increase nutritional knowledge, to inspire students to be engaged, and witness students making healthy progress.

Measures used to assess the effectiveness of this project were weekly quizzes, and students' presenting their favorite topic and knowledge gained to their classmates. Weekly quizzes were given to students through an online game where they tested their knowledge. These weekly quizzes contained eight to ten questions related to each topic. Through the student presentations, they were able to share how healthy choices benefit their health, activities to increase the benefits, changes that may need to be made, and fun facts. The students had the option to present by PowerPoint presentation, poster, or presenting without any of the options mentioned.

The methods used to gather evidence to measure the project outcomes were pre and post surveys and qualitative data. The pre survey was done a week before the first Healthy Choices for Healthy Teens session. The pre-survey contained six questions that would help know where students' knowledge was at relating to health. Pre survey questions can be seen in Appendix 7. The post survey was done on the last session of Healthy Choices for Healthy Teens. The post survey also included six questions and a space to make comments. This survey was designed to see the increase of knowledge, inspiration, and progress. Post survey questions can be seen in Appendix 8. Results of both surveys were analyzed and counted by hand. Qualitative data was gathered by observations and open conversations with staff and students. Observing students when they were in the lunch line or when students were talking among themselves. Numerous of conversations have occurred among students, staff, intern, and mentor related to Healthy Choices

for Healthy Teens. Conversations were one on one or in groups, in which students have shared their positive thoughts about this project. Through observations, also staff has had conversations with student and other staff regarding the project.

Results/Findings

Analyzing the pre survey, it concluded that 62% of the students knew that nutrition included eating vegetables and fruits. Thirty eight percent of the students have never heard about nutrition. Ten out of thirty-two students knew partially how to read a nutritional label, and as for the rest of the students they did not know how to read a label. Seventeen out of the thirty-two students knew how to portion size. Not all thirty-two students knew the different methods to measuring their food.

Analyzing the post survey, it concluded that 85% increased their knowledge of nutrition. Among the 85 %, students chose nine or ten on the number line, which stated that they felt comfortable reading nutritional label, were more likely to do physical activity and self-care, and had gained new methods to portion size. The other 15% of the students chose six or seven on the number line, which students were in the middle they wanted to feel comfortable but at the same time did not feel comfortable. After concluding this project, 85% of the students found these lessons helpful to ensure future healthy habits.

This project achieved the expected outcomes. Observing the students during their presentations, nutritional concept increased, students did pay attention, and knew what they were presenting. Now, students have increased their reading in nutritional labels, they now see the benefits of food they consume. This program inspired students to be engaged in after school clubs such as garden club, soccer league, cooking class, and fitness. Before the project was implemented, about 40% of the students were engaged in clubs outside school. During this

project and now 70% of the students have been going to a club. Observing students while they are getting their supper, it has shown an increase in healthy choices and portion size. Conversations have come up among students and staff relating to this project and they have stated:

“Teacher I have decreased my junk food intake”

“Teacher I have been walking my dog more often”

“Thank You for coming and presenting these lessons, now I am watching what I eat and increasing my physical activities even though I feel tired at times”

“I now take time for myself when I am feeling so overwhelmed with Math”

(Anonymous, personal communication, 2017)

STRENGTHS/SUCCESSSES

The strengths/successes of this project were beyond what it was expected. The project not only inspired students but as well inspired ASES staff and parents to increase healthy habits. There was an increase in behavior changes such as choosing healthier choices, and increase in activities. Beside inspiring and increasing behavior changes, the project was implemented successfully due to technology usage and presenting to students with more images rather than words. As seen in this new generation and in schools technology has been used frequently. Technology has given skills to students that would benefit them in the future. These skills include engagement and active learners, encouragement in learning and growth, peer collaboration, and preparedness for the real world (Capella University, 2017). The usage of technology has helped turn “boring” lessons into fun, engaging and educational (Capella University, 2017).

CHALLENGES/LIMITATIONS

The challenges of this project were the limited computers, constant interruptions by students, lack of consistency in attendance among the students. For many years ASES has had limited computers due to the Information Technology (IT) staff from the district. IT staff have asked for the majority of the ASES computers, and have left them with only ten computers and nine tablets. Not only has it been a challenge for many years but as well, it was a challenge for this project, since the purpose was for each student to get his or her own computer/tablet. Another challenge was the constant interruptions by students, in which many were 8th grade students. The 8th grade student did not have any interest in participating in this project. The constant interruptions sometimes made other students get distracted and lose focus on the lesson. Lastly, the lack of consistency in attendance among the students was difficult due to students having meetings, appointments, or leaving the ASES program. At times, there was perfect attendance of 32 students, and sometimes only 20 students would attend. Attendance varied depending on the days and circumstances. This challenge was difficult because students would miss a lesson. Methods used to address these challenges were asking morning teachers if it was possible to use their students' computers, bringing in secondary mentor when class would be very loud in order to maintain order, and for students that had missed lessons, lessons were presented to students' separately, in order for them not to be behind.

PERSONAL REFELCTION

Recommendations for the After School Education and Safety Program is to train staff to provide a learning environment for future interns and continue this project to enhance the students' knowledge of healthy choices. In the future ASES should train staff to teach future interns. It was difficult to know what the role was for the intern. As well, staff that were assigned

to teach were not sure what their role was and what to teach. It is important for the program to know what they want to teach students that are trying to obtain experience for the real world. This project should continue because as seen in the results of this project, it was effective and inspiring. Although at times these lessons may not have been seen as an inspiration to the 8th graders at the end it resulted in 8th graders learning and few students changing their behaviors. It has not only inspired students but also staff and parents have been inspired. The project would benefit the program since South Monterey County lacks in resources for students and their families. A few improvements can be done to this project for future impacts. Such as increasing sessions from six to ten week or even six months, increase the number of outside activities, and if possible involve parents as well. With this project, as a team there is hope to keep inspiring the young generations to come.

Throughout these past three semesters not only did I grow professionally but as well grew personally. Seeing and listening the challenges that the students faced daily, I learned to never give up on students that seem impossible to work with because they will always see you as their role model that they have never had in their live. Through conversations with students, I developed a strong mentor relationship. I learned that the population I was serving have always had mentor or teacher in and out of their lives, in which made it difficult for students to build trust. Also, I learned to be an inspiration to them, so they can see that there are numerous opportunities out in the world that would benefit their lives and, even their families. Not only did I provide a health curriculum to the program but as well brought a curriculum that would benefit the town of Greenfield. Personally, what I learned from this experience was to never take things for granted in life. Enjoy and be grateful for what one has in life because others might not have the privilege to have a house, food, or cloths, or any other life essentials needed to survive. In

addition, I strengthen my patient, organization, professional communication skills. Working with students requires a lot of patients and it was a challenge. Even though at times we have had students that do not behave, do not respect adults, or even start arguments with adults but it is not impossible. Besides patient skills, my organization skills strengthened. I had to be well organized because I had internship, work, classes, and my personal life that I had in my busy schedule. Especially at the program I needed to be well organized with all the health, find fun and engaging activities, and provide the best learning experience for students. Lastly, my communication skills increase tremendously with presenting to students and being engaging in professional meetings.

The broader health problem that my project related to and was addressed was bringing information to students to South Monterey County. The health sessions benefited the students and through the students', parents were also being benefited. Which this project not only addressed obesity, the lack of resources in a school setting but as well outside the school setting. Although it was in a small way, through information sheets and their child's knowledge gained, parents were being inspire by their children to make a change. I believe there should be more resources in schools and outside of school to address obesity and other health related topics, in order to enhance the knowledge of the Greenfield population. As well provide translation for the Non-Spanish and Non-English speakers.

Advice I would give to future students interning in different agencies or may have a similar project is to communicate with their mentor. Communication is very important skill in the work force and personally. Communicating will maintain a strong mentee and mentor relationship, builds trust, increase positive outcomes, and it provides clear and thorough information. Another advice I would give an intern would be to ask numerous questions. It is

important to ask questions because one can enhance their knowledge on how to work professionally and what it takes to be there, and as well enhance their knowledge in that particular agency. Final advice to give an intern would be to not get discouraged if things do not go as planned, there will be many bumps on the road but those bumps are not forever, they are temporary.

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APPENDICES

Appendix 1: Ethnicities served by school

	African American	Asian	Filipino	Hispanic or Latino	White	Two or More Races	Islander
Mary Chapa Academy	0.4%	0%	0%	99.2%	0.4%	0%	0%
Cesar Chavez Elementary	0.5%	0.9%	0.8%	95.7%	1.6%	0.4%	0%
Oak Ave Elementary	0.3%	0%	0.3%	98.5%	0.9%	0%	0.1%
Vista Verde Middle School	0.5%	0.2%	0.2%	97.3%	1.6%	0.1%	0%

Appendix 2: Percentages of student demographics by school.

	Special Ed Services	English Learner Support	Free or reduced-price meal
Mary Chapa Academy	3.5%	86.3%	87.7%
Cesar Chavez Elementary School	6.4%	69.7%	85.7%
Oak Ave Elementary School	7.6%	71.1%	86.5%
Vista Verde Middle School	7.7%	43.6%	85.7%

Appendix 3: Rates of Childhood Obesity by race.

Race	Percentages	
	Male	Female
Non-Hispanic Whites	17.5%	14.7%
Non-Hispanic Blacks	22.6%	24.8%
Mexican Americans	28.9%	18.6%

Appendix 4: Rates of Childhood Obesity by cities.

Locations	Percent
Monterey County	48.6%
Greenfield Union (School District)	50.6%
Monterey Peninsula Unified (School District)	47.2%
Salinas City Elementary (School District)	50.3%
Soledad Unified (School District)	54.4%

Appendix 5: Visual representation of the problem.

CAUSES	PROBLEM	CONSEQUENCE
1. Environment 2. Lack of physical activity 3. Heredity and Family 4. Socioeconomic Status 5. Lack of nutritional knowledge 6. Numeous processed foods in schools	Rates of obesity are high in Monterey County in the student population.	1. Health issues: example weight gain, depression, and high blood pressure 2. Bullying 3. Negative self-image/low self-esteem

Appendix 6: Project Implementation

Activities	Deliverables	Timeline/Deadlines
1. Weekly Health presentations for 6 weeks.	Health Curriculum for ASES staff to present to students	September to end of October 2017
2. Kahoot Game (online)	Developed questions regarding the weekly topic	September to end of October 2017
3. Student presentations	Choose favorite topic from the Health curriculum	September to end of October 2017

Appendix 7: Pre-Survey for Healthy Choices for Healthy Teens

1. Grade: _____
2. Mark One: () Male () Female
3. What is nutrition?

4. Do you know how to read nutritional labels? Mark one?
() YES () NO
5. Do you know how to portion size (measuring your food)? Mark one.
() YES () NO
- 6) What is the estimate number of calorie intake for a day? Mark one?
 - A. 10,000
 - B. 1,800
 - C. 5,500
 - D. 350

Appendix 8: Post-Survey for Healthy Choices for Healthy Teens

1. Grade: _____
2. Mark One: () Male () Female
3. Now that you have participated in the Healthy Choices for Healthy Teens sessions, what did you learn about nutrition?

4. From a scale 1 through 10. **1 being “Not Comfortable” and 10 being “Very Comfortable.”** How comfortable are you in reading a Nutritional Label?

1
2
3
4
5
6
7
8
9
10

Not Comfortable Very Comfortable

- 5) From a scale 1 through 10. **1 being “Unlikely” and 10 being “Very Likely”.** How likely are you to do physical activity and self-care?

1
2
3
4
5
6
7
8
9
10

Unlikely Very Likely

- 6) From a scale 1 through 10. **1 being “Not Comfortable” and 10 being “Very Comfortable.”** How comfortable are you in the skills given of portion size (Measuring your food)?

1
2
3
4
5
6
7
8
9
10

Not Comfortable Very Comfortable

Comments:
