

Community health advocacy project overview essay sample

[Nutrition](#)



Each week you will use the Weekly Guide to guide you through the process of creating a hypothetical, community health advocacy project due in Week Six. The following breakdown represents each week's part: In Week One, you select an aggregate and write questions to help you identify areas of strength and of need. In Week Two, you focus on describing the characteristics of your aggregate and writing an action plan on how you would apply each of Christoffel's three stages as an advocate for the aggregate. In Week Three, you apply the three levels of prevention to your aggregate's health concern and select the best theoretical model to help you address your advocacy concerns. This model will guide your project in Week Six. In Week Four, you design a data collection tool that will be used with your aggregate population. In Week Five, you formulate two outcome goals that are specific to your aggregate. In Week Six, you design a hypothetical, community health advocacy project based on your completed Weekly Guide. You must submit your completed Weekly Guide in Week Six with your project.

Week One

Part One

The Aggregate selected are the overweight /obese children from two to five years old. Write questions that help you identify areas of strength and of need. a) Do you consider important to focus in the children's food and physical activities? b) What are the consequences of childhood obesity?

c) What can a parent or guardian do as to help prevent childhood overweight and obesity? Week Two Part Two

Describe characteristics of the aggregate you chose in Part One. Aggregate. A subgroup of the population that shares characteristics or problems (Nies & McEwen, 2011). Community. Aggregate of people sharing space over time within a social system; groups of aggregates with power relations, and needs, or purposes (Nies & McEwen, 2011). Differences between Aggregate and Community. The differences between aggregate and community are as described above, are about size. Description. Aggregate chosen are obese children from the age of two to five. The percentage of obese children has tripled since 1980. Global estimates suggest more than 40 million children aged under five are already overweight or obese (World Health Organization, 2010).

One of every five children in the United States is overweight or obese, and this number is continuing to grow. However, overweight children are at high risk of becoming overweight adolescents and adults, placing them at risk of developing chronic diseases (Web M. D., 2011). The main problems with this aggregate are: physical – metabolic syndrome (is not a disease itself, but a cluster of conditions that can put a child at risk of developing heart disease, and other health problems); diabetes type II, asthma, and other breathing problems. Sleep disorders and early puberty or menstruation and other problems added to the list. In the aspect of social and emotional complications – these aggregate suffers of, low self-esteem and victim of bullying, behavioral, learning problems, and depression (Mayo Clinic, 2010).

Identify Christoffel's three stages in a conceptual framework for advocacy. 1.

The Information Stage

2. The Strategy Stage

3. The Action Sage

Write a short action plan, in 350- to 600-words, on how you would apply each stage as an advocate for your aggregate. Action Plan:

Information Stage: It will begins with contacting the leaders of the community and explained the program with their assistance offer a series of surveys directed to the aggregate's families, to the pre-schools/daycares in the community and the organizations involved with pre-school children, and some research on Centers for Diseases Prevention, Pasco School Board (VPK programs) to collect the following information; how involved the aggregate's families are with the nutrition and activities, what resources the community offers for them, what can become an obstacle to incorporate and implement this program, who are the stake holders and who will be good candidates to be strong supporters. Strategy Stage: This is the time to create a support group base in the information found that it will be call " Chapel Pines on the move", as part of the information obtained it was found the 35percent of the children in the community are overweight and a 15 percent are obese this number were taken to the community council in their monthly meeting, also it was proposed to the assembly the MOVE Plan program for the community and the assistance need it.

The initiative for the program was accepted seven out of 10 on favor of support the program. It was also found the one of the obstacles there is a considerable amount of houses that are rented and that those families since they are not owners usually do not assist to the monthly meetings. For those the approach will have to be more direct. As part of the plan a brochure was

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created to give a way and map of the community was divided to cover those houses. Also a delegation was created to talk to the chamber of commerce for support, and to be included in a business men and women breakfast agenda that is held every other Saturday. Other members of the delegation will be active sending letters to the legislators for support, others will go to the daycares 15 miles around the community to get them involve and last but not least the publicity collision, a couple of stay home dads that happened to have college degrees in computer systems and website creation and after asking for the permissions they will create a website link to the Wesley Chapel site under "Chapel Pines on the Move" and to contact the local news channel to get the program to be known to the community and others.

To get permits from Pasco District to use the recreational facilities that the community has in a determine time for the Move Plan. Contact the Florida Fitness, Nutritionists and Psychologists Associations for professionals willing to donate time to the community, and I will speak with the pediatrics health professionals in the community and the closest medical and nursing schools to create a network for possible referrals and follow ups. Also the Florida Nurses Association and American Heart Association will be contact to support the MOVE Plan. The Action Stage: In this stage the Move Plan is on the move to raise money at the same time that is being implemented. A several activities are in place to get money, beginning with a community car wash, garage sales, cold water sales, t-shirt sales with the logo of C. P. O. T. M. (Chapel Pines On the Move), donations from big companies such as

Walmart /Sam's, Cosco, BJ's, religious Organizations, Gyms and others sponsorship.

A challenge called Can you stay in the MOVE? Children and their families compete to reach their healthy weight goal to win a week of vacation in Orlando. A nutritionist and Fitness professional counseling will be provide to maintain their healthy weight goals. Three times a week different activities (such as zumba/jazz class, aerobics for a low cost of five dollars per class and Nutritional Information, as well tips to improve the activity and nutrition at home) will be provided in the community recreational center located within two miles of the community, assessment will be provided for the children every three month by the nursing and medical schools, referrals to the community health care providers will be made. Week Three

Part Three

Write a short description of the three levels of prevention and apply them to your aggregate's health concern. The Primary Prevention refers to before the person gets the disease. Primary prevention aims to prevent the disease from occurring. Primary prevention reduces both the incidence and prevalence of a disease. Encourage parents/caregivers to protect the children from becoming overweight or obese (Centers for Disease Control and Prevention, 2011). The Secondary Prevention is used after the disease has occurred, before the person notices that anything is wrong. Children should not be placed on a weight reduction diet without the consultation of a health care provider. An example is a nurse assessing the body weight

percentile in a child that his clothes looks too tight and his lunch box is full of sugary and fatty items that he eats regularly (CDC, 2011).

Tertiary Prevention targets the person who already has symptoms of the disease. It includes the application of primary and secondary prevention levels. The goal for overweight children is to reduce the rate of weight gain while allowing normal growth and development (CDC, 2011). Include a specific example of your initiative in action for each level. Primary: After assessing child and family nutritional and active/ sedentary lifestyle, give instructional material of healthy tips on how maintain a healthy weight while growing up. In other words for the children that are not overweight give their parents the information and tool that they need to keep them in a healthy weight. Secondary: Give a referral to the parents of this child to take him to see the doctor, after assessing the parents' life styles in regards eating habits and exercise.

Tertiary: After been referred to the doctor, the primary focus is to prevent the child to gain more weight by choosing an eating plan that helps prevent weight gain and looks for ways to make the favorite dishes healthier, remove calorie-rich temptations! Help the children become and stay active gradually and reduce sedentary time. Select the best theoretical model that will help you answer, or provide the rationale for, why you asked the questions you did in Part One of the Weekly Guide. Consider the following questions: What are the main concepts within the Health Belief Model and what about theory explains why you asked those questions. The Main Concepts of the Health Belief Model are:

The HBM is based on the understanding that a person will take a health-related action (i. e., maintain a healthy weight) if that person: 1.

Feels that a negative health condition (i. e., children obesity) can be avoided,

2. Has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition towards their children (i. e., eating healthy and exercising will reduce unhealthy weight), and

3. Believes that he/she can successfully take a recommended health action (i. e., he/she can be more active and eat in a healthy way will make them feel comfortably and with confidence) (Conner & Norman, 1996 as cited in University of Twente, 2010). Week Four

Part Four

Design a data collection tool that can be used with your aggregate population. Community Chapel Pines Survey: The following questions are for classification purposes only. They will only be used to group your answers with others like yourself. Please circle the answer(s) that best describes you:

Gender: Male /Female Age: 17 Or less/18-24/ 25 or older Marital Status:

Single, never married/Married/Living with

partner/Separated/Divorce/Widowed Employment Status:

Retired/Student/Homemaker/Self-employed/ If Employed: full time/part

time /If Not employed: looking for work/ not looking for work Highest Level of

Education in Your Household: Under 9th grade/Some high school/High school graduate/Some college/Associate degree/Bachelor degree/Post graduate

degree Ethnic Background: White-Caucasian/Black-African

American/Spanish-Hispanic-Latino/Asian/Pacific Islander/Native

American/Other Please mark yes/no or select the answer(s) that best

describe your house hold. 1. Do you currently have children under the age of 5 living in your household? Yes

No

2. If answer yes, how many?

1

2

3 or more

3. Are your younger children in a day care program?

Yes

No

4. If not who care for them?

Mother

Father

Other family member

Other

5. What are the ages of the children living in your household? 0-11 month

12-23 month

24-35 month

3-4 years

5years or older

6. Do you consider any of your children overweight or obese? Yes

No

7. Do you know the consequences of overweight /obesity in childhood? Yes

No

8. Do you consider important to focus in the children's food and physical activities? Yes

No

9. Do you know what policies rule the nutritional programs available to your children's daycare/preschool? Yes

No

10. Do you know what physical activities your children do at the daycare/preschool? Yes

No

11. Do you think that the media (TV, internet) influence your children's nutritional and activity's preferences? Yes

No

12. Do you know as a parent /guardian what can you do to help prevent that any of your children becomes overweight or obese? Yes

No

Please CIRCLE the response that best describes your household lifestyle. 1. If you answer yes question number 12, how much activity your children do per day? 15minutes/30minutes 45minutes /1hour 1 ½ hour or more 2. Once your children come home from daycare/school, what is the first activity they like to do the most? Watch TV Play Computer/video games

Ride a bike Play outdoors

3. How much vegetables and fruits portions your children eat every day?

Less than 25% 25% 50% 75%

Include data points with two levels of data for each— if you cannot find two

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points, a data gap exists. 1. A= Federal

B= 17% (or 12. 5 million) of children are obese.

A= Local

B= 33. 1% of children are obese.

2. A= Federal

B= American Indian and Alaskan Native (20. 7%) and Hispanic (17. 9%)

children aged 2 to 4years have the highest rates of obesity. 3. A= Federal

B= 36% of all children younger than 5 not yet in kindergarten attend childcare centers.

A= Local

B= There was substantial variation among counties in overweight/obesity prevalence rates among children ages 2-4years, from a low of 19. 8% to a high of 39. 2%.

A= Local

B= Less than 25% to children ages 2-4years living in nine counties (Bradford, Brevard, Clay, Duval, Flagler, Monroe, Nassau, Okaloosa, Taylor) were overweigh to obese.

A= Local

B= More than one in three preschool-aged children were overweight or obese in nine counties: Collier, Franklin, Gadsden, Hardee, Hendry, Manatee, Okeechobee, Sumter, and St. Lucy.

4. A= Federal

B= 43% of children watch more than 2 hours of television each day. 5. A=

Federal

B= 1 in 4 children do not participate in any free-time physical activity.

Additionally, the average American child spends four to five hours in front of the TV, computer or video games every day. 6. A= Federal

B= 57% of American family's choices are often high in fat, sodium, added sugars and calories but low in the nutrients we need to be healthy and strong. At the same time, it is ignore healthy options like fruits, vegetables, whole grains and fat-free or low-fat (1%) dairy products. 7. A= Federal

B= 3 out of 4 American children are not getting at least five servings of fruits and vegetables every day. 8. A= Federal

B= Children who lived with single mothers were significantly more likely to become obese by the 5-year. 9. A= Federal

B= Children with nonworking parents, were significantly more likely to become obese. 10. A= Federal

B= Children with non professional parents, and children whose mothers did not complete high school has a greater risk of become obese. 11. A= Federal

B= Children with obese mothers, have a higher risk of become obese. 12.

A= Federal

B= Children with lower cognitive stimulation have significantly elevated risks of developing obesity. 13.

A= Federal

B= Younger parents are more likely to have obese children.

14. A= Federal

B= Majority of ads targeted to children for food: candy 32%, cereal 31%, and fast food 9%. 15.

A= Federal

B= Whereas fats and sweets cost only 30% more than 20 years ago, the cost of fresh produce has increased more than 100%.

***The data points about early childhood obesity that were found were mostly federal, repetitive and to certain degree redundant. Therefore, it created a data gap when not enough local data was found from local authorities, because their efforts were concentrated more towards teenager and adult obesity, rather than focus on early childhood data collecting. Week Five

Part Five

Formulate two outcome goals that are specific to your aggregate. Base your outcome goals on the data you collected in previous weeks. Each outcome goal must include an action verb, the result you expect, the target, and the time frame. 1. Increase activity levels of the children two to five years and their families from Chapel Pines, Wesley Chapel, in Pasco County by 15% within six to 12 months. 2. The Chapel Panes' community and families to improve the nutrition of the children in their own homes and in out-of-home care to prevent or reduce unhealthy weight gain.

Consider the following questions:

What interventions need to happen to meet your goals?

Have a meeting with the leaders of the community, and explained the

program to have buy in. Who would need to be influenced to enact the program?

I will need to influence the community leaders, parents/guardians of the aggregate, the organizations in contact with the community, and other community health professionals. Would the cost for it be feasible? Why or why not?

Yes, it will be cost-effective because the program will be offered in the house club at no cost, the materials (paper, pencil, food pictures and paper plates) need it can be provided by donations as well the labor can be donated for health professional in their off time. As a fund raiser activities it can be done a car wash, garage sale, and a water bottle sale, add the major companies' sponsorship. Week Six

Part Six

Review the intervention you suggested to meet your outcome goals in Part Five. Consider the following question: What are two formative—conducted during the progress of the program—and two summative—conducted taken at the end of the program—evaluation measures that could be used to evaluate your intervention? Formative:

1. At the beginning of the class, the clients will be given a plate and pictures of foods items and they will be ask to confection a usual meal for their children including the quantity of each item.
2. During discussion, the clients (parents) will identify by mentioning the two principal causes for overweight and obesity as illustrated in class.

Summative:

1. Given a list of 10 conditions at the end of the class the clients will select five conditions related to overweight/obesity as discussed in class.
2. At the end of the class, the parents/guardians will be given a plate and pictures of food items (according to the health pyramid) and they will be ask to confection a usual meal for their children including the quantity of each item.
3. In a piece of paper provided, to give back to the educator at the end of the class, the clients will write a short statement what was the most important thing they learned and what was the least.

Design a hypothetical, community health advocacy project based on your completed Weekly Guide. Deliverable examples include, a Microsoft® PowerPoint® presentation, a proposal for a project to a local board, organization, or a newspaper article. Program's name; Chapel Pines on the Move

Community served: Chapel Pines, Wesley Chapel, (Pasco County), Florida .
Area: 0. 343 square miles Population: 59

Median household income 2009:

Chapel Pines:

\$56, 711

Wesley Chapel:

\$79, 522

Median rent in 2009:

Chapel Pines:

\$444

Wesley Chapel:

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\$1, 083

Median age:

Males: Females:

Neighborhood:

17. 2 years

Neighborhood:

17. 7 years

Whole city:

33. 5 years

Whole city:

33. 6 years

Average household size:

Chapel Pines:

2. 5 people

Wesley Chapel:

2. 8 people

Average family size:

Wesley Chapel:

3. 1 members

Chapel Pines:

2. 9 members

Percentage of married-couple families (among all households): Here:

64. 9%

place:

75. 0%

Percentage of married-couple families with children (among all households):

Chapel Pines:

21. 1%

Wesley Chapel:

40. 0%

Percentage of single-mother households (among all households):

Neighborhood:

5. 3%

Wesley Chapel:

4. 3%

Percentage of people that speak English not well or not at all: Neighborhood:

0. 6%

Wesley Chapel:

1. 2%

Projected Effects:

By implementing this program, it will decrease the incidence of juvenile diabetes, metabolic disorders, eating disorders and other related mental and physical health problems as a domino effect the health care cost will decrease as well. It will also inject confidence in the community, physical, mental and nutritional health as the community becomes more active and empower and as the population age and growth it will decrease considerably the cost of tertiary prevention health and the funds can be allocated towards efforts directed to primary prevention (more cost-effective) as the community evolves as a healthy community.

Include the following in your project:

The information from your Weekly Guide

Projected effects of project success on public health policy At least four current references, dated within the last three years

Note. All six parts of the weekly guide must be completed and submitted with

your project to receive the total points

References

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