

GENERAL STUDIES COURSE PROPOSAL COVER FORM

Course information:

Copy and paste **current** course information from [Class Search/Course Catalog](#).

College/School	<u>College of Health Solutions</u>	Department/School	<u>College of Health Solutions</u> Health Education & Health Promotion
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Prefix:	HEP	Number:	454	Title:	Health Promotion Program Planning and Implementation	Units:	3
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Course description:

Applies theory-based concepts and methods of health promotion (HP). Covers selected topics in HP across a variety of domains of health. Program planning concepts include the use of planning frameworks, needs assessments, and the use of theory in health promotion program planning. Also covers practical issues related to health promotion program implementation such as resource management and program marketing.

Is this a cross-listed course? NO If yes, please identify course(s):

Is this a shared course? NO If so, list all academic units offering this course:

*Note- For courses that are crosslisted and/or shared, a letter of support from the chair/director of **each** department that offers the course is required for **each** designation requested. By submitting this letter of support, the chair/director agrees to ensure that all faculty teaching the course are aware of the General Studies designation(s) and will teach the course in a manner that meets the criteria for each approved designation.*

Is this a **permanent-numbered** course with topics? NO

If **yes**, each topic requires **an individual submission**, separate from other topics.

Requested designation: L

Mandatory Review: (Choose one)

*Note- a **separate** proposal is required for each designation.*

Eligibility: Permanent numbered courses **must** have completed the university's review and approval process. For the rules governing approval of omnibus courses, contact Phyllis.Lucie@asu.edu.

Submission deadlines dates are as follow:

For Fall 2020 Effective Date: October 10, 2019

For Spring 2021 Effective Date: March 5, 2020

Area proposed course will serve:

A single course may be proposed for more than one core or awareness area. A course may satisfy a core area requirement and more than one awareness area requirements concurrently, but may not satisfy requirements in two core areas simultaneously, even if approved for those areas. With departmental consent, an approved General Studies course may be counted toward both the General Studies requirement and the major program of study. It is the responsibility of the chair/director to ensure that all faculty teaching the course are aware of the General Studies designation(s) and adhere to the above guidelines.

Checklists for general studies designations:

Complete and attach the appropriate checklist

[Literacy and Critical Inquiry core courses \(L\)](#)

[Mathematics core courses \(MA\)](#)

[Computer/statistics/quantitative applications core courses \(CS\)](#)

[Humanities, Arts and Design core courses \(HU\)](#)

[Social-Behavioral Sciences core courses \(SB\)](#)

[Natural Sciences core courses \(SQ/SG\)](#)

[Cultural Diversity in the United States courses \(C\)](#)

[Global Awareness courses \(G\)](#)

[Historical Awareness courses \(H\)](#)

A complete proposal should include:

- Signed course proposal cover form
- [Criteria checklist](#) for General Studies designation being requested
- Course catalog description
- Sample syllabus for the course
- Copy of table of contents from the textbook and list of required readings/books

It is respectfully requested that proposals are submitted electronically with all files compiled into one PDF.

Contact information:

Name Kasondra McCracken E-mail Kasondra.McCracken@asu.edu Phone 520-440-2828

Department Chair/Director approval: (Required)

Chair/Director name (Typed): Jordan Miller Date: 3/2/20

Chair/Director (Signature): 

ASU - [L] Criteria

To qualify for [L] designation, the course design must place a major emphasis on completing critical discourse--**as evidenced by the following criteria:**

YES	NO		Identify Documentation Submitted
X		Criterion 1: Per policy , students must have completed ENG 101, 105, or 107 to take an L course. This means the course must have, at minimum, ENG 101, 105, or 107 (or ENG 102, 105, or 108) as a prerequisite.	Syllabus & Curriculum Changemaker
1. Please confirm that the course has the appropriate prerequisites or that a Modify Course Form in Curriculum ChangeMaker has been submitted to add the prerequisites.			
X		Criterion 2: At least 50 percent of the grade in the course should depend upon writing assignments (see Criterion 3). Group projects are acceptable only if each student gathers, interprets, and evaluates evidence, and prepares a summary report. <i>In-class essay exams may not be used for [L] designation.</i>	Syllabus
1. Please describe the assignments that are considered in the computation of course grades--and indicate the proportion of the final grade that is determined by each assignment.			
2. Also:			

C-2			
	X	Criterion 3: The writing assignments should involve gathering, interpreting, and evaluating evidence. They should reflect critical inquiry, extending beyond opinion and/or reflection.	Syllabus
1. Please describe the way(s) in which this criterion is addressed in the course design.			
2. Also:			
C-3			

ASU - [L] Criteria			
YES	NO		Identify Documentation Submitted
X		Criterion 4: The syllabus should include a minimum of two writing and/or speaking assignments that are substantial in depth, quality, and quantity. Substantial writing assignments entail sustained in-depth engagement with the material. Examples include research papers, reports, articles, essays, or speeches that reflect critical inquiry and evaluation. Assignments such as brief reaction papers, opinion pieces, reflections, discussion	Syllabus

		posts, and impromptu presentations are not considered substantial writing/speaking assignments.	
1. Please provide relatively detailed descriptions of two or more substantial writing or speaking tasks that are included in the course requirements			
2. Also:			
C-4			
YES	NO		Identify Documentation Submitted
X		Criterion 5: These substantial writing or speaking assignments should be arranged so that the students will get timely feedback from the instructor on each assignment in time to help them do better on subsequent assignments. <i>Intervention at earlier stages in the writing process is especially welcomed.</i>	Syllabus
1. Please describe the sequence of course assignments--and the nature of the feedback the current (or most recent) course instructor provides to help students do better on subsequent assignments			

2.
Also:

C-5

Course Prefix	Number	Title	General Studies Designation
HEP	454	Health Promotion Program Planning & Implementation	(L)

Explain in detail which student activities correspond to the **specific** designation criteria.
Please use the following organizer to explain how the criteria are being met.

Criteria (from checklist)	How course meets spirit (contextualize specific examples in next column)	Please provide detailed evidence of how course meets criteria (i.e., where in syllabus)
C-1	Enrollment requirements: ENG 101, 105, or 107 with a C or better	<i>In Syllabus: Enrollment Requirements</i>
C-2	63% of the grade will come from writing assignments. The majority of these points are from a series of rough drafts, leading to a final paper (“the program plan”).	<i>Students complete nine individual rough draft assignments at 3% each. They combine rough drafts into a final, polished paper at the end of the semester for 29% of their total grade. Students complete a peer-review (which requires written feedback) for 5% of their grade. Various written discussions are also included in the course. For every writing assignment, students are</i>

		<p><i>graded on writing mechanics: grammar, pronouns, spelling, clarity, and APA citations. These writing assignments are individual; there is no group work in this course. In total, 63% of a student's grade is based on writing assignments. The remaining 37% is dedicated to quizzes and exams.</i></p>
<p>C-3</p>	<p>All major writing assignments involve gathering credible information, and then interpreting this information for a specific priority population. This is evidence-based and theory-based writing.</p>	<p><i>Students conduct an in-depth exploration of both a health topic and a priority population. Students are required to use information from numerous credible resources, including the CDC and U.S. Census. Students interpret this national data and make clear how a specific, local priority population is impacted by a health topic.</i></p> <p><i>Students need to expound on how the health topic impacts their priority population. This goes beyond gathering information, it is a nuanced analysis that considers the population's social determinants of health.</i></p> <p><i>Students use CDC's Promising Practices to examine current theory-based interventions, and then they tailor these interventions to meet the needs of their specific priority population.</i></p> <p><i>The Needs Assessment assignment (for example) requires identifying, analyzing, and prioritizing the health needs of a priority population. Students identify the needs of a priority population by reviewing available current literature about the population. This assignment provides objective data to define an important health topic while allowing students to apply the principles of equity and social justice.</i></p>

<p>C-4</p>	<p>There are eight eight draft writing assignments and one final paper. This final paper is substantial in depth, quality, and quantity. These substantial writing assignments entail sustained in-depth engagement with the course content. The Program Rationale and the Needs Assessment are substantial chapters in the program plan.</p>	<p><i>The final paper should be at least 20 pages in length and should include all of the rough draft assignments. The final draft will include in-text citations, a title page, a Table of Contents, and a Reference page.</i></p> <p><i>The Program Rationale and the Needs Assessment are substantial chapters in the program plan. In the Program Rationale, students write a persuasive, evidence-based rationale to gain program support for the health promotion program.</i></p> <p><i>For the Needs Assessment, students write about attitudes, beliefs, skills, and behaviors that impact the health of the priority population.</i></p> <p><i>In both the Program Rationale and Needs Assessment, students are required to gather, analyze, and interpret secondary data related to their chosen health topic as it applies to designing the final program plan. This final 20-30 page plan meets the definition of health education and promotion by connecting a wide range of social, behavioral, and environmental intervention strategies tailored specifically to the student's priority population, to improve individual and community health by addressing health disparities.</i></p>
<p>C-5</p>	<p>All writing assignments are arranged so that the students will get timely feedback from the instructor on each assignment in time to help them do better on subsequent assignments. Students complete eight individual rough draft assignments, which build on each other. Scaffolding is</p>	<p><i>Students complete nine individual rough draft assignments in this course. Students complete 1-2 rough draft assignments per week. They combine rough drafts into a final, polished paper at the end of the semester, after reviewing instructor feedback and completing a peer-review. Instructor feedback on rough drafts is detailed. Students receive feedback through a comprehensive grading rubric, general comments, and substantive annotated</i></p>

	<p>used to break down the final writing assignment (the program plan) into smaller assignments that focus on the specific content required to successfully complete the larger assignment.</p>	<p><i>notes. Instructor comments on each rough draft include content, citations, writing mechanics, and strength of critical inquiry of evidence.</i></p>
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HEP 454 /545: Health Promotion Program Planning & Implementation

Spring 2021: Session A

Course and Faculty Information

Course Description: Applies theory-based concepts and methods of health promotion (HP). Covers selected topics in HP across a variety of domains of health. Program planning concepts include the use of planning frameworks, needs assessments, and the use of theory in health promotion program planning. Also covers practical issues related to health promotion program implementation such as resource management and program marketing.

Credits: 3

Prerequisites: CHS 340 or EXW 342 with C or better; ENG 101, 105, or 107 with a C or better, EXW 101 or HEP 102 with C or better **(C-1)**

Instructor: Kasondra McCracken

Contact Info: Kasondra.McCracken@asu.edu

Office Hours: Arranged via email

Course Learning Outcomes

At the completion of this course, students will be able to:

1. Develop persuasive communication to gain support for a health promotion program
2. Assess health needs of a priority population and analyze relationships among social, cultural, economic, political, and environmental factors that influence health
3. Design a health promotion intervention and tailor strategies for a priority population
4. Cultivate mission, objective, and goal statements for a health promotion program
5. Develop a marketing plan for the delivery of a health promotion program
6. Formulate a financial budget for a health promotion program

	Module Learning Objectives	Relates to Course Learning Outcome	Learning Activity
	<p>Adapt secondary data to determine needs</p> <p>Determine a subpopulation with the greatest need from secondary data</p> <p>Review existing health programs</p> <p>Analyze existing information and data related to health</p> <p>Educate stakeholders on the health issue and the proposed policy, system, or environmental change.</p> <p>Identify available resources and gaps (e.g., financial, personnel, information, and data).</p> <p>Develop persuasive communications (e.g., storytelling, social math, and program rationale)</p>	<p>Develop persuasive communication to gain support for a health promotion program</p>	<p>Program Rationale Chapter: Write a rationale to gain program support</p>
	<p>Evaluate Evidence-based Practices</p> <p>Interpret secondary data for priority population</p> <p>Analyze the data to determine the health of the priority population(s) and the factors that influence health.</p> <p>Analyze relationships among behavioral, environmental, and other factors that influence health</p>	<p>Develop and compose a Needs Assessment that describes the health of a priority population.</p>	<p>Needs Assessment Chapter: Write a Needs Assessment to determine the knowledge, attitudes, beliefs, skills, and behaviors that impact the health of the priority population.</p>

	<p>Identify data gaps</p> <p>Identify the social, cultural, economic, political, and environmental factors that impact the health and/or learning processes of the priority population(s).</p> <p>Assess existing and available resources, policies, programs, practices, and interventions.</p> <p>Examine the determinants of health and their underlying causes (e.g., poverty, trauma, and population-based discrimination) related to identified health issues.</p>		
	<p>Examine Healthy People 2020 Objectives</p> <p>Identify desired outcomes using the needs assessment.</p> <p>Develop vision, mission, and goal statements for the intervention(s).</p> <p>Develop specific, measurable, achievable, realistic, and time-bound (SMART) objectives.</p>	<p>Write vision, mission, objective, and goal statements for a health promotion program.</p>	<p>Goals and Objectives Chapter: Develop vision, mission, objective, and goal statements for the intervention.</p>
	<p>Adopt, adapt, and/or develop tailored intervention(s) for the priority population to achieve desired outcomes.</p> <p>Create a logic model</p> <p>Create a Gantt Chart</p> <p>Use evidence-informed theories, models, and strategies.</p>	<p>Design a health promotion intervention and tailor strategies for priority populations</p>	<p>Intervention Design Chapter: develop a tailored intervention for a priority population to achieve desired outcomes.</p>
	<p>Identify the assets, needs, and characteristics of the audience(s) that affect communication and message design (e.g., literacy levels, language, culture, and cognitive and perceptual abilities).</p> <p>Tailor message(s) for the audience(s).</p> <p>Identify communication channels (e.g., social media and mass media) available to and used by the audience(s).</p>	<p>Develop a marketing plan for the delivery of a health education/promotion program</p>	<p>Marketing Plan Chapter: Create a marketing plan for the intervention</p>

	Develop a financial budget for an intervention Communicate budget to stakeholders Research resources (personnel, equipment, materials) required for program implementation	Create a financial budget for a health promotion program	Budget Chapter: Develop a financial budget for an intervention
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Textbooks

Title: **Planning, Implementing, and Evaluating Health Promotion Programs**

Author: **McKenzie, Neiger, & Thackeray**

ISBN: 978-0-13-438465-8

The **American Psychological Association Publication Manual (7th edition)** is designed to give guidance on all aspects of the writing process and is required for this course.

ISBN: 978-1-4338-3217-8

Course Activities and Assignments

Activities used for instruction and assessment of learning include discussion/presentations; textbook and supplemental readings; individual and group activities/assignments; quizzes; health education/promotion program plan, and a final exam.

ALL ASSIGNMENTS ARE DUE BY 11:59 PM ON THE DUE DATE - Please Read Late Policy Below

1. Syllabus Quiz: Students will complete a syllabus quiz, which unlocks all other modules. *One syllabus quiz worth 10 points.*

2. Quizzes: Multiple-choice quizzes will address course content from required textbook readings. Students have two attempts at each quiz and the highest grade will be recorded. Students have 30 minutes to complete 25 multiple-choice questions. Quizzes are open-book. *Three quizzes at 25 points each.* Module 1 Learning Quiz is worth 10 points.

3. Health Education/Promotion Assignments: Utilizing the Generalized Model for program planning, students will design a health education/promotion program plan focused on the prevention of disease or injury for a specific population. Health Education/Promotion topics may include but are not limited to heart disease prevention, cervical cancer prevention, diabetes prevention, suicide prevention, and infectious disease prevention. The program plan is

completed in phases throughout the course where each assignment is scaffolded to provide a foundation for the next assignment. Students complete "rough draft" assignments and receive extensive instructor feedback. *Eight individual rough draft assignments at 10 points each. These rough drafts will receive extensive feedback that must be reviewed to facilitate the revision of the draft before peer review submissions and the cumulative assignment - the final program plan.* (C-2)(C-3)(C-4)(C-5)

Program Priority Population and Health Topic Discussion (C-2)

Students are required to choose a program topic that they will research for the duration of the semester. Choosing a topic and population is one of the most important aspects of this course. Students are expected to choose one specific health topic, a priority population, and program specifics like location, size, and intervention strategies before gathering evidence-based research and analyzing the priority population's needs. Instructor feedback will be provided before the student begins the Program Rationale.

Part 1: Program Rationale (C-2)(C-3)(C-4)(C-5)

In order to gain support for a health education/promotion program, planners need to provide reason and justification for the program. The tool that program planners use to do this is the program rationale. Students will write a program rationale for their proposed health promotion program.

Part 2: Needs Assessment (C-2)(C-3)(C-4)(C-5)

A needs assessment helps program planners identify specific needs of the priority population that the program is being developed for. In order to complete this correctly, students will conduct a literature review and gather, interpret, and analyze credible and relevant data. Students will develop and compose a Needs Assessment that describes the health of a priority population.

Part 3: Program Mission, Goals, and Objectives (C-2)(C-3)(C-4)(C-5)

Students will develop a mission statement, one overarching goal, and program objectives. All objectives should be written using the S.M.A.R.T. philosophy.

Part 4: Intervention Design (C-2)(C-3)(C-4)(C-5)

Students will create an intervention design that describes all program activities. Activities should be aligned to the Health Belief Model and at least two of the listed Intervention Strategies: Health Communication, Health Education, Health Policy/Enforcement, Environmental Change, Behavior-Modification, Health-Related Community Service, and/or Community Mobilization.

Part 5: Budget and Narrative (C-2)(C-3)(C-4)(C-5)

Students will list resources (personnel, instructional materials, and equipment) for the program, based on actual costs according to the current year and location. In the budget narrative, students will clearly communicate to stakeholders where the money is being spent in the program.

Part 6: Marketing Strategy (C-2)(C-3)(C-4)(C-5)

Students will develop a marketing summary that describes and explains how they intend to market the program they are creating. Students will need to make strategic decisions related to four marketing variables (the four Ps).

Part 7: Gantt Chart (C-3)

Using a 12-month calendar year, students will create a Gantt Chart (task timeline). Students will visually show implementation and programming actions that will take place each month.

Part 8: Logic Model (C-2)(C-3)(C-4)(C-5)

Students will create a logic model, which is a systematic and visual way for planners to share and present the relationship among the resources they have to operate a program, the activities they plan to implement, and the outputs and outcomes they hope to achieve.

4. Peer Reviews (C-4)

Written peer reviews will be conducted after all rough drafts have been revised and combined into the final program plan assignment. The written review is to be a constructive evaluation of the program content, the clarity of these ideas, and overall critique of spelling, grammar, and writing mechanics. The peer review contributes to the collaborative classroom environment and facilitates the process of providing constructive feedback between students before the cumulative program assignment is due.

5. Health Education/Promotion Final Program Plan: Students are expected to edit and finalize their program plan based on instructor feedback. Students will turn in a final draft of the program plan as one complete and final document. The final draft should be at least 20 pages and should include all of the rough draft assignments. The final draft will include in-text citations, a title page, a Table of Contents, and a Reference page. Student Learning Outcomes will be used to assess mastery of the course content. *One assignment worth 110 points.* (C-2)(C-3)(C-4)

6. Final Exam: Students will complete a final multiple-choice exam that addresses content learned in the course. *One exam at 35 points.*

Total Points Possible

370 possible points

Course Writing Expectations

All writing, including discussion boards, must demonstrate appropriate professional quality. Writing should be substantive, cohesive, and have proper paragraph structure, grammar, spelling, and other writing conventions. The ASU Online Writing Center is recommended for assistance with all writing assignments and requirements.

All writing assignments must:

- Follow a sensible organization and follow assignment instruction organization
- Have near-perfect spelling and grammar - as a general rule, time spent proofreading should equal time spent writing
- Clearly communicate ideas and utilize appropriate terminology
- Utilize appropriate APA citation and paper formatting style
- Analyze factors that influence health and health outcomes to include social, cultural, economic, political, and environmental factors

Course Access

Your ASU courses can be accessed by both my.asu.edu and myasucourses.asu.edu; bookmark both in the event that one site is down.

Computer Requirements

This is a fully online course; therefore, it requires a computer with internet access and the following technologies:

- Web browsers ([Chrome](#), [Mozilla Firefox](#), or [Safari](#))
- [Adobe Acrobat Reader](#) (free)
- [Adobe Flash Player](#) (free)
- Webcam, microphone, headset/earbuds, and speaker
- Microsoft Office ([Microsoft 365 is free](#) for all currently-enrolled ASU students)
- Reliable broadband internet connection (DSL or cable) to stream videos.

Note: A smartphone, iPad, Chromebook, etc. will not be sufficient for completing your work in ASU Online courses. While you will be able to access course content with mobile devices, you must use a computer for all assignments, quizzes, and virtual labs.

Help

For technical support, use the Help icon in the black global navigation menu in your Canvas course or call the ASU Help Desk at 1+(855) 278-5080. Representatives are available to assist you 24 hours a day, 7 days a week.

Student Success

To be successful:

- check the course daily
- read announcements
- read and respond to course email messages as needed
- complete assignments by the due dates specified
- communicate regularly with your instructor and peers
- create a study and/or assignment schedule to stay on track
- access [ASU Online Student Resources](#)

Grading

Your final grade will be calculated in the following manner: the total number of points earned divided by the total number of points available.

Grade	Percentage
A+	100% - 97%
A	96-94%
A-	93-90%
B+	89-87%
B	86-84%
B-	83-80%
C+	79-77%
C	76-70%
D	69-60%
E	<60%

Satisfactory Y Grade

A Y (Satisfactory) grade is considered the equivalent of a C or better and is available at the discretion of the instructor. The Y grade is an option for this class. To request the Y grading option, you must email your request to the instructor by the last day of class. All students should review their major map for (1) grade requirements for this course, and (2) grade requirements as a prerequisite for future required coursework. You should contact your advisor with questions about how a Y grade may impact your DARS or graduate school applications. A Y grade is not used for computing your GPA and does not affect your GPA.

Submitting Assignments

All assignments, unless otherwise announced, **MUST** be submitted to the designated area of Canvas. Do not submit an assignment via email.

Assignment due dates follow Arizona Standard time. Click the following link to access the [Time Converter](#) to ensure you account for the difference in Time Zones. Note: Arizona does not observe daylight savings time.

Grading Procedure

Grades reflect your performance on assignments and adherence to deadlines. Graded assignments will be available within one week of submission of the due date via the Grade Center. Please read my feedback to you on each graded assignment. Final grades are based on point accumulations.

Late or Missed Assignments

Check to see that all work you submit uploads properly. If you notice an issue, contact tech support to see if they can help you resolve it. If not, email your instructor to notify them of the error before the submission date to see what remedy they recommend.

Do not upload submissions using Pages or Google Docs. Convert these to a PDF.

All assignments are open at the start of the course, and you are encouraged to work ahead so that you are able to keep up with deadlines in spite of life's obstacles. Routine illnesses and other inconveniences are the responsibility of the student to handle without missing deadlines.

That being said, I understand that unexpected challenges may arise during this course. In an effort to give you some flexibility, especially in light of COVID19, you can turn in your assignments late. Missing assignments will be marked with a 0 until a submission is received and graded. **All late work must be submitted on or before February 23, 2021.**

Deadlines have been set in order to pace you through this fast-paced, writing-intensive course. Failure to submit by the due date will result in limited feedback on your assignment by the instructor. It is in your best interest to turn in all written assignments on time so that you can receive this feedback and improve on future assignments and your final draft. Please complete the assignments in the order in which they are assigned (do not skip ahead) since each assignment is scaffolded.

Follow the appropriate University policies to request an [accommodation for religious practices](#) or to accommodate a missed assignment [due to University-sanctioned activities](#).

Communicating With the Instructor

Assignment Feedback (C-5)

For each graded assignment, check for written and annotated feedback. Instructor feedback on rough drafts is detailed and this is one of the ways that the instructor will communicate with you. Students receive feedback through a comprehensive grading rubric, general comments, and substantive annotated notes. Instructor comments on each rough draft include content, citations, writing mechanics, and strength of critical inquiry of evidence. It is suggested that you correct and edit your rough drafts immediately after receiving feedback. If you do not see personalized written comments, contact the instructor and/or Tech Support. You are encouraged to schedule a Zoom meeting with your instructor to discuss your feedback.

Community Forum

This course uses a discussion topic called "Community Forum" for general questions and comments about the course. Prior to posting a question or comment, check the syllabus, announcements, and existing posts to ensure it's not redundant. You are encouraged to respond to the questions of your classmates. Email questions of a personal nature to your instructor. You can expect a response within 72 hours, Monday-Friday. Please give additional time for emails sent on Saturday or Sunday. Email is the fastest way to reach your instructor.

Chat

The Chat tool in Canvas allows students and teachers to interact in real-time. Use Chat only for informal course-related conversations unless your instructor informs you otherwise. Chat is not ideal for questions about assignments; instructors are not required to monitor it and conversations may be buried or lost. The best way to use Chat is to email the instructor and schedule "Chat Hours" so that we can chat in real-time.

Email

ASU email is an [official means of communication](#) among students, faculty, and staff. Students are expected to read and act upon email in a timely fashion. Students bear the responsibility for missed messages and should check their ASU-assigned email regularly. Be sure to put the title or number of this course in the subject line of all emails you send to your instructor. Also, use an appropriate salutation, like Greetings Professor (last name), or Hello Professor (last name).

All instructor correspondence will be sent to your ASU email account.

Netiquette for all Community Forum and Online Student Interactions:

- Please follow the Student Conduct and Academic Integrity policies that are outlined in the syllabus.
- Please be respectful. Treat other people like you would want to be treated. Be pleasant and polite.
- Please be wary of sarcasm. In-person, sarcastic comments can be funny and break up a tense situation. Online, it is difficult to tell the difference between sarcasm and rudeness.
- Please assume that what others write is meant in the best possible way, even if it sounds a little curt or terse.
- Please assume that what you write might be taken in the worst possible way, even if you mean no harm.
- Please be especially polite when disagreeing. When disagreements arise, focus on the ideas under discussion rather than the person with whom you disagree. If someone disagrees with you, understand that it is not a personal attack but a difference in opinion.
- Please do not intentionally attack or provoke another person, otherwise known as flaming. Disagreeing and sharing a different point of view is strongly encouraged but should not be done in a hostile manner.
- Please do not make intentionally provocative statements, also known as trolling. As a scholar, it is important to relate to others in a serious and thoughtful manner.
- Please be aware that flaming and trolling are disruptive to the learning process. As per university policy, "an instructor may withdraw a student from a course with a mark of "W" or "E" when the student's behavior disrupts the educational process. Disruptive classroom behavior for this purpose is defined by the instructor." (Student Affairs Manual 602-10).
- Do feel free to express your opinions on any of the topics brought up in the class. Your reactions to the material are part of the learning process.

ASU Online Course Policies

View the [ASU Online Course Policies](#)

Accessibility Statements

View the [ASU Online Student Accessibility](#) page to review accessibility statements for common tools and resources used in ASU Online courses.

If any other tools are used in this course, links to the accessibility statements will be listed below this sentence.

Academic Integrity

Academic honesty is expected of all students in all examinations, papers, laboratory work, academic transactions, and records. The possible sanctions include, but are not limited to, appropriate grade penalties, course failure (indicated on the transcript as a grade of E), course failure due to academic dishonesty (indicated on the transcript as a grade of XE), loss of registration privileges, disqualification, and dismissal. For more information, see <http://provost.asu.edu/academicintegrity> (Links to an external site.).

Title IX

Title IX is a federal law that provides that no person be excluded on the basis of sex from participation in, be denied benefits of, or be subjected to discrimination under any education program or activity. Both Title IX and university policy make clear that sexual violence and harassment based on sex is prohibited. An individual who believes they have been subjected to sexual violence or harassed on the basis of sex can seek support, including counseling and academic support, from the university. If you or someone you know has been harassed on the basis of sex or sexually assaulted, you can find information and resources at <https://sexualviolenceprevention.asu.edu/faqs>.

As a mandated reporter, I am obligated to report any information I become aware of regarding alleged acts of sexual discrimination, including sexual violence and dating violence. ASU Counseling Services, <https://eoss.asu.edu/counseling> is available if you wish to discuss any concerns confidentially and privately. ASU Online students may access 360 Life Services, <https://goto.asuonline.asu.edu/success/online-resources.html>.

Syllabus Disclaimer

The syllabus is a statement of intent and serves as an implicit agreement between the instructor and the student. Every effort will be made to avoid changing the course schedule but the possibility exists that unforeseen events will make syllabus changes necessary. Remember to check your ASU email and the course site often.

COVID-19 Documentation and Reporting

Instructors cannot require students to provide COVID-19 test results. **If you test positive for COVID-19, inform the ASU Dean of Students at deanofstudents@asu.edu immediately.** Staff in the Dean of Students office will serve as your point of contact for the duration of the isolation period and will help coordinate campus services (e.g. housing, counseling, class absence notifications). **If you disclose a positive test for COVID-19 to your instructor, they are obligated to report your status to the Dean of Students for support.**

Documentation

Changemaker request: ENG Requirement - Curriculum Changemaker

(C-1)

Requested effective term: - 2221: Spring 2022

Course: HEP 454 Health Promotion Program Planning and Implementation Units: 3

Course description: Applies theory-based concepts and methods of health promotion (HP). Covers selected topics in HP across a variety of domains of health. Program planning concepts include the use of planning frameworks, needs assessments, and the use of theory in health promotion program planning. Also covers practical issues related to health promotion program implementation such as resource management and program marketing.

Enrollment requirements: Prerequisite(s): CHS 340 (EXW 340) or EXW 342 with C or better; ENG 101, 105, or 107 with C or better; EXW 101 or HEP 102 (EXW 102) with C or better; Credit is allowed for only EXW 554 or HEP 454 (EXW 454) OR Visiting University Student

Repeatable for credit: No

General Studies: No

Offered by: College of Health Solutions -- College of Health Solutions

SUN: No SUN Course:

Crosslisting: No

Fees: No

Required for a degree program: Yes

Program name and plan code: Health Education and Health Promotion, BS; NHHEHPBS

Community College Transfer Implications: No

No

Related courses: N/A

Justification: HEHP Degree Director is requesting to remove some of the prerequisites assigned as they are no longer needed for students to be successful in HEP 454.

Communication plan: This adjustment will allow for greater enrollment opportunity.

:--REQUESTED CHANGE(S)--:

Subject: Number: Title: Units:

Abbreviated title:

Updated course description:

Changing enrollment requirements: Yes

Prerequisite(s): HEP 102 (EXW 102) with C or better; CHS 340 (HEP 340) with C or better; ENG 101, 105, or 107 (or ENG 102, 105, or 108)

Program Rationale Assignment and Rubric (C-3)(C-4)

Instructions

Title the Rationale.

Title the work: A Rationale for (Title of Program): A Program to Enhance the Health of (Name of Priority Population) by (Your Name)

Part 1: Health Problem

Introduce the health problem. Present the problem using national, then state, then local data. Compare the relationship of the local health problem to the bigger (national or state) problem. Create a problem statement that identifies the health problem. The problem statement should also include *why* it is a problem and *why* it should be dealt with. Develop persuasive communications such as social math to help highlight economic impact. Social math translates statistics so that it is interesting and meaningful to the reader. Numbers are put in context so they give an instant meaning. Often, these are visual and dramatic examples. See page 29 (Box 2.6) in the McKenzie textbook for examples.

Part 2: Priority Population

Narrow the health problem by correlating its relationship to the proposed priority population. Adapt secondary data and determine a subpopulation with the greatest needs. End this paragraph with a clear problem statement.

Part 3: Intervention Idea

Propose a solution to the problem. Health education and health communication strategies must be included. Consider health policy, environmental change, community mobilization, health-related community service, and other strategies included in chapter 8. Include the purpose of the proposed health promotion program, and a general overview of what the program may include. State why the program will be successful. Use results of evidence-based practice to support the rationale.

**Once you reach Module 5 and create your intervention design, ensure to come back to this paragraph and update any changes or additions to the intervention.*

Part 4: Conclusion

Use the phrase "the timing is right" to justify and support your argument for implementing your program right now. Relate current social, political, and economic factors that influence the health of the priority population. Re-state why the program will be successful, and what can be gained from this program. The intent here is to educate and persuade potential stakeholders.

References

Provide the references used in preparing this program rationale in an APA References page.

Rough Draft Program Rationale



You've already rated students with this rubric. Any major changes could affect their assessment results.

Criteria	Ratings				Pts
Writing Mechanics, Grammar, Spelling, Formatting	1 pts Exemplary Submission is free of spelling, grammatical, or other writing errors. The document is professionally written and formatted.	0.5 pts Competent Submission is mostly free of spelling, grammatical, or other writing errors. Minor errors are noted.	0 pts Developing There are multiple errors (3 or more) in writing mechanics, formatting, grammar and/or spelling.		1 pts
Citations and References	1 pts Exemplary In-text citations are used correctly according to APA guidelines. The submission includes a complete and correctly formatted Reference page.	0.5 pts Competent In-text citations are used correctly according to APA guidelines, but there are some errors. The submission includes a Reference page, but minor errors are noted.	0.25 pts Developing In-text citations and/or Reference page include multiple errors.	0 pts No Marks In-text citations are missing/incomplete, References page is missing/incomplete.	1 pts
Personal Pronouns	0.5 pts Exemplary There are no personal pronouns (I, we, they, you, we, etc) used in this paper.	0.25 pts Competent There are 1-3 personal pronouns (I, we, they, you, we, etc) used in this paper.	0 pts Developing There are multiple personal pronouns (I, we, they, you, we, etc) used in this paper.		0.5 pts
Part 1: Health Problem	2 pts Exemplary Health problem is defined using national, then state, then local data. Examples of social math are present.	1 pts Competent Health problem is defined using national, then state, then local data, more detail may be needed to define the health problem. Examples of social math may need more detail.	0.5 pts Developing Health problem is loosely defined, this paragraph needs to include additional statistics on the health problem.	0 pts No Marks Not able to assess; this section of the program rationale is missing or incomplete.	2 pts
Part 2: Priority Population	2 pts Exemplary The health topic is linked to the proposed priority population. There is a clear problem statement. The priority population is well defined.	1 pts Competent The health topic is linked to the proposed priority population, but may need more development. Problem statement may need to be clearer.	0.5 pts Developing The health topic is loosely linked to the proposed priority population, more development is required.	0 pts No Marks Not able to assess; this section of the program rationale is missing or incomplete.	2 pts

Part 3: Intervention Idea	2 pts Exemplary Explains why this program will be successful and provides a clear vision of the proposed program.	1 pts Competent Provides a vision of the proposed program, may require more development and/or intervention strategies.	0.5 pts Developing Requires more development and/or intervention strategies.	0 pts No marks Not able to assess; this section of the program rationale is missing or incomplete.	2 pts
Part 4: Conclusion	1 pts Exemplary Uses the argument that the "timing is right" for this program. Re-states why the program will be successful, and what can be gained from this program.	0.75 pts Competent Re-states why the program will be successful, and what can be gained from this program, but needs to provide a clear reason why the timing is right for the program.	0.5 pts Developing Requires more development on the success of the proposed program, and why the timing is right.	0 pts No Marks Not able to assess; this section of the program rationale is missing or incomplete.	1 pts
Title of the Program	0.5 pts Exemplary Titles the work "A Rationale for the Development of...." and includes student's name	0.25 pts Competent Title and student name is present, but does not follow this format: Title the work "A Rationale for the Development of...."	0 pts No Marks Not able to assess; this section of the program rationale is missing or incomplete.	0.5 pts	
Total Points: 10					

Annotated Feedback - Program Rationale (C-5)

This is an example of the type of annotated feedback provided to students. Students receive specific, personalized feedback on their written work. Rubrics are used as well, and on occasion, media/video feedback is provided by the instructor. Students are encouraged to follow-up with the instructor with a 1:1 Zoom session to discuss feedback in more detail.

Module 2: Writing Assignment - Program Rationale
Due: May 24, 2020 at 11:59pm - 2020SummerA-X-HEP454-EXW554-45855-45854-45856

12/12 8 / 10 (80%) 9/12
Graded Average

Page 1 of 3

Priority Population

Suicides in Wisconsin are on the rise. The map and charts below show the rate of suicides in teenagers in Wisconsin, and more specifically, in the city of Milwaukee. Suicide in teenagers has been rising nationally throughout the 2000s, and Milwaukee, WI is contributing to that rise. There is a definite spike that is depicted in the chart below around 2017. In 2017, there were 154 teenage suicides in Milwaukee. In comparison, Providence, Rhode Island has seen a decrease in teenage suicides between 2010 and 2017, with only 69 deaths in 2017.

Suicide and suicide attempts in young teens is a growing problem that is 100% preventable. Many believe that middle school is too early to bring up this issue, but they would be wrong. From 1999 through 2015, 1,309 children ages 5 to 12 took their own lives in the United States. That means one child under 13 died

Kasondra McCracken
The Rationale is a brief introduction to the problem, the population, and the intervention design. Its goal is to gain support of stakeholders. Consider it I like to think of it as a [...]

Kasondra McCracken
Instead of referencing the chart, go ahead and outline the stats here.

Kasondra McCracken
Move this paragraph up into your Health Problem section.

Kasondra McCracken

↓ 1 More Comment

I am proposing a suicide awareness and prevention program to take place in middle school health classes. I would like for this to be about 4 weeks long and involve opening up the conversation of what leads to suicides and to create a safe place for students to address depression, bullying, and other contributors. I would like for students to leave with an understanding of signs of a suicidal peer, and with a less stigmatized view on depression and suicide overall.

The focus here will be on a middle school in Milwaukee that made headlines in 2019 due to one of its students posting an online countdown to their suicide attempt.
<https://www.jsonline.com/story/communities/south/news/cudahy/2019/12/17/cudahy-student-posts-online-countdown-planned-suicide-police/2679550001/>

This will be successful because it will tackle a growing issue that many parents and educators are not addressing. Many would assume middle school is too young to bring up this topic, though unfortunately that is not the case. By opening up the conversation and providing information and resources, a huge difference and positive change could be made.

Kasondra McCracken
Remove all personal pronouns

Kasondra McCracken
Which middle school? Pull demographic data from the school website and share here

Kasondra McCracken
Expand on this - the timing is right for this program because of a recent headline....

Kasondra McCracken
correct this citation

↓ 1 More Comment

Needs Assessment Assignment and Rubric (C-3)(C-4)

Instructions

The needs assessment should be at least four paragraphs long. Use the instructions below to guide you.

Part 1: Health Problem

Provide a clear explanation of the health problem/disease by interpreting secondary data for the priority population. Explain the health issue by incorporating the most interesting and relevant statistics (numbers/percentages) from national, state, and local data. Interpret how the health issue impacts the priority population. Analyze the data to determine the health of the priority population and the factors that influence overall health.

There should be numerous citations throughout this paragraph. While similar to what you wrote in the Program Rationale, this should be a deeper dive.

Part 2: Risk Factors

Link the risk factors associated with the health issue to the priority population. Determine genetic, behavioral, and environmental risk factors. Be specific to your population. There should be numerous citations throughout this paragraph.

Part 3: Priority Population

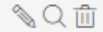
Distinguish all demographic factors of your priority population and program participants ensuring to include age, gender, race/ethnicity, income levels, and education levels. Who makes up the priority population? Which sub-groups of the population have the greatest need? What resources are available to address these needs? What is their quality of life like for the priority population? What are social conditions like? Identify secondary data gaps and consider gathering primary data when necessary. Evaluate this population from all sides.

Part 4: Other Similar Programs

Assess existing and available resources, policies, practices, and interventions for this priority population. What is currently being done to resolve the health issue in the community? How well has this been addressed in the past? Justify whether or not the program will be complementary to other interventions that exist right now, or will it compete with other programs that exist right now, or is it a brand new program to the area?

References: Include a complete references page that is formatted in the correct APA format.

Rough Draft Needs Assessment (2)



You've already rated students with this rubric. Any major changes could affect their assessment results.

Criteria	Ratings				Pts
Writing Mechanics and Personal Pronouns	1 pts Exemplary Submission is free of spelling, grammatical, or other writing errors. The document is professionally written and formatted. The entire submission is written in the third person (no personal pronouns).	0.5 pts Competent There are minor errors in spelling, grammar, formatting, personal pronouns, or other writing errors.	0.25 pts Developing There are numerous errors in spelling, grammar, formatting, personal pronouns, or other writing errors.	0 pts Can not assess There are significant errors in spelling, grammar, formatting, personal pronouns, or other writing errors. These errors distract from your message.	1 pts
Citations and References	1 pts Exemplary In-text citations are used correctly according to APA guidelines. In-text citations follow all sentences which use a fact or statistic. The submission includes a complete and correctly formatted Reference page.	0.5 pts Competent There are minor errors in your in-text citations and/or References.	0.25 pts Developing There are numerous errors in your in-text citations and/or References.	0 pts Can not assess In-text citations and/or References Page is missing or incomplete.	1 pts
Content - Health Problem	2 pts Exemplary Provides a clear explanation of the health problem/disease. Explains the health issue using the most interesting and relevant statistics (numbers / percentages) from national, state, and local data. Explains how the health issue impacts the priority population.	1.5 pts Competent Your explanation of the health problem/disease requires a bit more development.	1 pts Developing Your explanation of the health problem/disease requires a more development.	0 pts Can not assess This section is missing or is incomplete	2 pts
Content - Risk Factors	2 pts Exemplary Clearly defines the risk factors (genetic, behavioral, and environmental) associated with the health issue specific to the priority population.	1 pts Competent Please describe the risk factors (genetic, behavioral, and environmental) associated with the health issue in more detail.	0 pts Can not assess This section is missing or is incomplete	0 pts Developing Please describe the risk factors (genetic, behavioral, and environmental) associated with the health issue in more detail.	2 pts

Content - Priority Population	2 pts Exemplary Describes members of the priority population. Clearly defines which sub-group is most at risk. Explains resources available in the community.	1 pts Competent Continue to describe members of the priority population, and identify which sub-group is most at risk. More development needed.	0.5 pts Developing Continue to describe members of the priority population, and identify which sub-group is most at risk. More development needed.	0 pts Can not assess This section is missing or is incomplete	2 pts
Content - Current Programs	2 pts Exemplary Describes what is currently being done to resolve the health issue in the community. Explains if the program will be complementary, competing, or a brand new program to the area.	1 pts Competent What is currently being done to resolve the health issue in the community? Provide more detail here.	0.5 pts Developing What is currently being done to resolve the health issue in the community? Provide more detail here. Is your program complementary, competing, or a brand new program to the area?	0 pts Can not assess This section is missing or is incomplete	2 pts
Total Points: 10					

Final Program Plan Assignment Instructions (C-3)(C-4)

Overview

Now that each part of the program plan is complete, we will take all the parts and make a whole plan that is ready to be reviewed by potential stakeholders. For this assignment, you will revise any major concerns or errors in the plan based on my feedback, format the plan into one professional document. Then, you will submit your finished assignment for grading.

Polish your submission so that it is a professional document:

- Use a consistent font throughout - Times New Roman, 12 pt, Black
- The document should be free of spelling and grammatical errors and use formal language
- Program chapter titles should be in bold font
- Add an APA formatted cover page
- Add a Table of Contents with page numbers
- Double-check your in-text APA citations and references
- Combine all references from all program chapters and ensure references are in alphabetical order
- Include **one** reference page at the **end** of the document

Instructions

Step 1: Review all comments or feedback provided for all of your graded program assignments. Open each assignment, proofread, and make necessary revisions. Review the Grading Rubric descriptions. Make sure you have mastered each Learning Outcome.

Step 2: Combine all program plan assignments into one properly formatted document with a title page, table of contents page, and one complete references list (this includes all the references for all parts of the program plan) at the end of the whole document. Every reference should have a corresponding in-text citation.

Basic Rubric for the Final Program Plan

10 Points: Program Rationale
10 Points: Needs Assessment
10 Points: Mission Statement, Goals, Objectives
10 Points: Intervention Design
10 Points: Marketing Plan
10 Points: Gantt Chart
10 Points: Logic Model
10 Points: Budget
10 Points: Formatting (incl. Table of Contents, Title Page)
10 Points: Spelling, Grammar, Pronouns, Word Choice
10 Points: In-Text Citations, References Page

Step 3: Submit for grading.

TEXTBOOK INFORMATION

For undergraduate courses in Health Education, Promotion, and Planning.

Planning, Implementing, and Evaluating Health Promotion Programs: A Primer provides students with a comprehensive overview of the practical and theoretical skills needed to plan, implement, and evaluate health promotion programs in a variety of settings. The **Seventh Edition** features updated information throughout, including the new Responsibilities and Competencies generated from the Health Education Specialist Practice Analysis–2015 (HESPA-2015), and reflects the latest trends in the field.

Planning, Implementing, & Evaluating Health Promotion Programs: A Primer, 7th Edition

James F. McKenzie, Emeritus, Ball State University

Brad L. Neiger, Brigham Young University

Rosemary Thackeray, Brigham Young University

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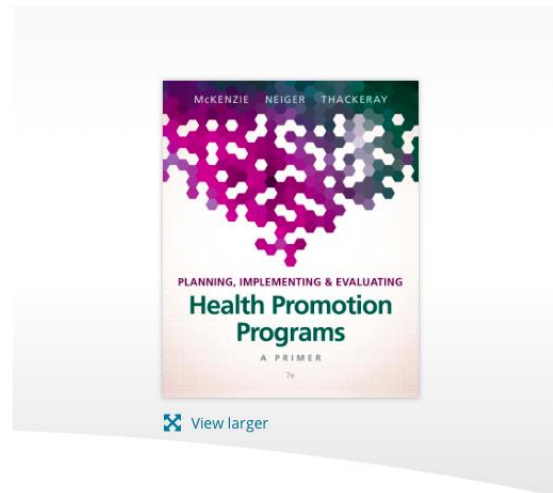


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 2. Starting the Planning Process
 3. Program Planning Models in Health Promotion
 4. Assessing Needs
 5. Measurement, Measures, Measurement Instruments, and Sampling
 6. Mission Statement, Goals, and Objectives
 7. Theories and Models Commonly Used for Health Promotion Interventions
 8. Interventions
 9. Community Organizing and Community Building
 10. Identification and Allocation of Resources
 11. Marketing: Developing Programs That Respond to the Wants and Needs of the Priority Population
 12. Implementation: Strategies and Associated Concerns
 13. Evaluation: An Overview
 14. Evaluation Approaches and Designs
 15. Data Analysis and Reporting
-

Final Program Plan - Student Example (C-2)(C-3)(C-4)

Warrior Spouse Wellness Program

Taran Haut

Arizona State University

HEP 454: Health Promotion Program Planning & Implementation

Kasondra McCracken

July 26, 2020

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A Rationale for Warrior Spouse Wellness: A Program to Enhance the Health of Military Spouses at Joint Base Lewis McChord, Washington by Taran Haut

Obesity is a disease that is recognized as a global epidemic, and its prevalence continues to rise according to the World Health Organization (WHO, 2020a). Overweight status affects more than 1.9 billion adults over the age of 18, and within those numbers are more than 650 million obese adults as of 2016 (WHO, 2020b). This means that 39% of the global population is currently overweight, and this occurrence of obesity has tripled in numbers from 1975 to 2016 (WHO, 2020b). Furthermore are the economic implications of obesity, including indirect and direct health care costs (Centers for Disease Control and Prevention [CDC], 2018a). The global economic burden from obesity in 2014 was approximately \$2.0 trillion U.S. dollars, which is almost 10% of the U.S. National Debt (Tremmel et al., 2017).

Inevitably, these detrimental effects regarding health have a significant impact on the United States population. Between the years of 2017 and 2018, the United States percentage of the population that fell into the overweight and obese category was 42.4% (CDC, 2018b). This rate has increased by 12.2% since 2000, which breaks down to 4.5 people a minute moving into the obese category over those 17 years, or over 1 person per every 15 seconds (CDC, 2018b). In 2009 the medical costs for the obese population totaled \$270 billion, or roughly three times the original estimate of \$90 billion (Cawley & Meyerhoefer, 2010; National Association of Chronic Disease Directors, 2018).

While health should be of concern to all citizens, one population depends on their physical fitness and lower body mass to complete their job – The United States Armed Forces, specifically the U.S. Army. Soldiers of the U.S. Army are not exempt from obesity and its risks, even though they are expected to be mission-ready at all times. They are required to maintain a

certain weight based on their height and gender, as well as adhering to a strict maximum allowable body fat percentage (Department of the Army, 2013). While all of these regulations are in place for the active duty service members, military spouses have been neglected in research and program planning for far too long, while obesity rates continue to rise. The former U.S. Army Chief of Staff, General Raymond Odierno, has repeatedly defined that the “strength of our nation is our Army; the strength of our Army is our Soldiers; the strength of our Soldiers is our families, and that is what makes us Army Strong” (Odierno, 2013, para. 28). The health of military spouses is at the core of the U.S. Army Strong objectives and should be a top priority.

Joint Base Lewis McChord (JBLM), located in Tacoma, Washington, is the 4th largest U.S. Army base in the United States by active population and is home to over 90,000 soldiers, spouses, and children (U.S. Department of Defense [DOD], 2018). With the limited research and surveillance of military spouse health, there is only one national survey to understand the obesity rates. The Health Care Survey of DOD Beneficiaries released that 39.73% of dependents were overweight, 25.63% were obese, and 1.73% were morbidly obese in the most recent summary for 2019 (Military Health System, 2019). With over 67% of adult dependents falling into the overweight and obese categories, it is clear that the military population is dealing with the same issues as their civilian counterparts. Consequently, the DOD spends roughly \$1.5 billion annually in health care costs related to obesity (CDC, 2019b). With spouses consistently having to set aside personal priorities to support their soldier’s unpredictable careers, more resources need to be created and implemented within the community to support the education and elevation of military spouse health. These physical, physiological, and economic hardships can be improved with the assistance of a health intervention program for obesity and weight management.

The CDC recommends that communities implement multi-faceted programs that increase physical activity, promote healthy eating habits, and improve the built environment to promote these changes (Khan et al., 2009). Evidence-based strategies for communities from the *CDC's Recommended Community Strategies and Measurements to Prevent Obesity in the United States Guide* include increasing availability of healthier food and beverage choices, increasing opportunities for extracurricular physical activity, improving access to outdoor recreational facilities and infrastructures, and participating in community coalitions to address obesity through health education and promotion (Khan et al., 2009). The health intervention program Warrior Spouse Wellness is a comprehensive health education program that utilizes evidence-based strategies to increase the healthy lifestyle habits of the military spouses at JBLM. This program will focus on modifiable risk factors such as nutrition, physical activity, stress, and the built environment to improve overall health status, lower the incidence of obesity, and assist in the maintenance of health-related behaviors.

The health educators and staff facilitating the program will offer free nutrition education through classes on nutrition basics, cooking, nutrition label guidance, meal planning, and healthy swaps to favorite meals. Free introductory classes to a variety of exercise modalities will also be included, along with the creation of a JBLM base guide for all participants to learn the location of all outdoor recreation sites. Built environment changes will also be implemented to increase access to fresh fruits and vegetables through a community garden revitalization initiative and an introduction of a farmer's market on the north side of the base. Maintenance and re-opening of three fitness loops across the installation are also proposed to assist in behavior change. These educational classes and environmental changes are to increase participant knowledge, skills, and self-efficacy behind the lifestyle habits, while also increasing awareness of the health risks of

obesity and overweight status to support behavior change. This program is tailored to the needs of the population, structured after successful practices, and is a vital investment to all military spouses. There is no better time than now to take a stand and promote the health and wellbeing of the military community of spouses behind the United States Armed Forces.

Needs Assessment

Obesity is a global issue that requires a multifaceted approach to combat. While obesity affects over 1.9 billion adults, it is also responsible for over 2.8 million deaths each year, and to put that into context, is 8 times the number of deaths due to alcohol use disorder and drug use disorders combined – and obesity is preventable (Institute for Health Metrics and Evaluation, 2018; WHO, 2020b). With the United States obesity rates continuing to climb at an alarming rate, Harvard researchers have predicted that by 2030 the prevalence of obesity will rise from the 2018 percentage of 42.4% to 49% (Ward et al., 2019). With these numbers comes an additional burden to the economy on top of the health risks of obesity. Approximately \$2 trillion was spent on obesity globally in 2014 alone, and there have since been systematic reviews of the cost of obesity across each country (Tremmel et al., 2017). \$270 billion of that total belongs to the United States, or roughly 15% of the global burden (National Association of Chronic Disease Directors, 2018). This upward trend in healthcare costs continues to rise each year, and obesity is related to a higher cost of care to the tune of 41% when compared to individuals of normal weight (Cawley & Meyerhoefer, 2010). The CDC's branch of Nutrition, Physical Activity, and Obesity have even provided a cost rationalization for if physical activity goals were met by U.S. adults; the annual health care costs could be decreased by \$117 billion or cutting the obesity debt by over half (National Association of Chronic Disease Directors, 2018).

Obesity and overweight status are defined as an excessive amount of fat that has accumulated on the body that increases the risk for chronic diseases and other health conditions (WHO, 2020b). This excessive amount of fat occurs due to an imbalance of energy, or when the amount of calories consumed via diet outweighs the number of calories expended via movement daily (WHO, 2020b). Many factors contribute to this fundamental energy equation such as

genetics, lifestyle behaviors, socioeconomic status, built environment, and eating patterns. Regardless of the contributing factors, there are many negative outcomes for people with overweight and obese status. The Centers for Disease Control and Prevention has compiled a comprehensive list of serious diseases that people of this status are at risk for to include: high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, lower quality of life, clinical depression, anxiety, body pain, and over 13 cancers (CDC, 2019a). At least 5 of these negative health outcomes from obesity are among the leading causes of death on a global scale (WHO, 2018).

Another vital piece to the obesity puzzle is the social determinants of health that contribute to this disease. Many social and environmental factors contribute to the fact that almost 50% of the population is obese, and yet the other 50% fall into the normal category of weight. Every citizen may acknowledge the need to eat well and move their body to stay healthy, but there is often a gap between knowledge and application due to underlying factors. These factors are known as the social determinants of health and the following are a small peek into a very large piece to the health gaps: access to food and water, education access and quality, race, financial means, social norms, exposure to crime, access to health care services, housing, social support, poverty, and natural and built environments (Office of Disease Prevention and Health Promotion [ODPHP], 2014).

Obesity is a complex issue as its relationship can vary based on socioeconomic status and race. Individuals with a college education have been shown to exhibit lower rates of obesity and overweight status (CDC, 2018b). Women within higher income brackets exhibit lower rates of obesity and overweight status, while men in the lowest and highest income brackets display lower rates (CDC, 2018b). Finally, the occurrence of obesity can also depend on race and

ethnicity. According to the CDC’s National Center for Health Statistics, non-Hispanic blacks, Hispanics, non-Hispanic whites, and non-Hispanic Asians have the highest occurrence of obesity, 49.6%, 44.8%, 42.2%, and 17.4% respectively (CDC, 2018b).

In many ways, the military population is a microcosm of the general population of the United States in terms of race, ethnicity, education levels, income breakdown, and obesity rates. The population is diverse and there has been a growing representation of racial and ethnic minorities across the force, which also translates into the military spouse population (Barroso, 2019). A comparison of the U.S. population to the U.S. Army population can be viewed in Table 1 to further understand the similarities in the many contributing socioeconomic factors to obesity (Meadows et al., 2018; U.S. Census Bureau, 2019). Even though maintaining a healthy weight and adhering to healthy lifestyle habits are mandated for soldiers, this population is not immune to the factors that contribute to this epidemic. This is clear with the DOD spending almost \$2 billion in obesity-related health care costs annually (CDC, 2019b).

Table 1

General U.S. Population Versus U.S. Army Population		
Race & Ethnicity (% of population)		
	Gen Population	Army
Non-Hispanic White	60.4	53.4
Non-Hispanic Black	13.4	15.1
Hispanic	18.3	18.4
Non-Hispanic Asian	5.9	5.9
Other	2	7.2
Education Level (% of population)		
	Gen Pop	Army
High School Diploma or Some College	87.7	61.3

Bachelor Degree or Higher	31.5	38.7
Income & Poverty (U.S. dollars & % of population)		
	Gen Pop	Army
Median Income	\$60,293	\$59,928
Persons in Poverty	11.8	17
Weight Status (% of population)		
	Gen Pop	Army
Overweight	35	51.4
Obese	42.4	18

The priority population for this health intervention program is the military spouses of the active-duty U.S. Army population at Joint Base Lewis McChord, Washington. Military spouses are often thought of as the force behind the force, as they take on additional roles and responsibilities due to the unpredictability of their spouse’s careers. In addition to the overabundance of factors that contribute to obesity, military spouses have a unique set of factors to include frequent relocations, deployment stress, the additional burden of being a stay-at-home single parent during field separations, high rates of unemployment leading to one source of income, and the social isolation that is an outcome of these factors. These additional stressors contribute negatively to the physical and emotional wellbeing of many spouses and are a barrier to participation in behaviors such as exercise, diet, and stress management (Padden et al., 2011).

There have only been a handful of studies conducted to understand the perceived threat, benefit, and barriers regarding military spouse health-promoting behaviors, and that factor alone needs to be addressed. Every 3 years the DOD conducts its Survey of Health-Related Behaviors to assess where the active duty service members are regarding the Healthy People objectives (Padden et al., 2011). Active-duty soldiers have regularly met most, if not all, of the Healthy People objectives since the 2000 launch, presumably because of the fitness regulations that are strictly in place (Padden et al., 2011). The TRICARE Management, Health Program Analysis,

and Evaluation department took it upon themselves to dig deeper into the Healthy People 2010 objectives and examine if military spouses were achieving these same health goals (Kress et al., 2006). It was ultimately determined that the group of spouses studied did not meet any of the Healthy People 2010 objectives and that further health education and promotion interventions were needed to elevate the health status of military spouses (Kress et al., 2006).

Across many, but not all U.S. Army installations, including JBLM, are Army Wellness Centers (AWC) that are established to provide primary prevention programs to improve the health of active-duty soldiers and their families (Army Public Health Center, 2019). The AWC provides health risk assessments, metabolic testing, exercise testing, stress management education, healthy lifestyle habit education, and many other programs centering on health education and wellness (Army Public Health Center, 2019). While this resource is available to military spouses, health intervention programs often center on the active duty service member or the military child's health instead of the spouse (Padden et al., 2011). The AWC is also marketed towards the needs of the tactical population, and rarely invites spouses to use the resources across their outreach platforms. Over the years a handful of interventions have been implemented and quickly ended to include: "Let's Move" for military children, "Heart Smart" to examine diet and physical activity in family units, "Soldier and Family Wellness Across the Life" for senior ranking officer families, and "Building Strong and Ready Army Families" a repeat for family units (Padden et al., 2011).

For a health promotion program to be effective, health communication and education efforts need to be tailored to the priority population in need. Currently, there is no existing health promotion program that has been designed with the military spouse in mind. With the lack of understanding of military spouse perception of risks, lack of clear messaging for health

promotion, the knowledge that military spouses neglect health-promoting behaviors due to unique stressors, and the steadily climbing national obesity rates – intervention is necessary. Joint Base Lewis-McChord serves over 10,000 military spouses on the installation and within the surrounding cities (J. Murphy, personal communication, 2020). Extrapolating the general population statistics along with the figures from the single survey on weight status, the percent of military spouses stationed at JBLM who fall within the overweight and obese categories is likely to range from 42-67% (Military Health System, 2019; U.S. Census Bureau, 2019). Considering that non-modifiable risks to obesity such as genetics, socioeconomic status, and race/ethnicity do exist and cannot be modified, Warrior Spouse Wellness focuses on the modifiable risks to obesity such as sedentary lifestyle, overconsumption and ease of access to calorically dense foods, low frequency of exercise, unmanaged stressors, and a lacking built environment. Warrior Spouse Wellness will be a complementary program within the same primary and secondary prevention focus of the AWC while catering to the specific needs of the military spouse community. This intervention program will aim to increase nutritional and physical activity awareness, provide coping techniques for unique stressors, enhance the built environment to influence behaviors, and improve self-efficacy over barriers to healthy lifestyle habits.

Mission Statement, Goal, and Objectives

Mission Statement:

The mission of Warrior Spouse Wellness is to educate the military spouses of JBLM on the importance of physical activity and nutrition to raise awareness and empower the implementation of healthy lifestyle habits. Warrior Spouse Wellness will allow for the prioritization of personal health to improve the overall quality of life and weight status.

Program Goal:

Reduce the prevalence of overweight and obese status of military spouses stationed at Joint Base Lewis McChord.

Process Objectives:

- Before the start of the program, the staff will create a comprehensive list of recreational areas on base to create awareness and promote physical activity.
- Before the start of the program, staff will survey all participants to gauge perceived susceptibility and severity of obesity, the perceived benefits and barriers to weight loss, and current health behaviors.
- By the first week of the program, staff will provide metabolic testing and body composition analyses to all participants.
- Within the first 3 months of the program, staff will hold 12 classes to educate the participants on the risk factors of obesity, the importance of physical activity and nutrition, and setting SMART goals to adopt behaviors change.
- Following the first phase, staff will hold the second session of 12 classes to educate the participants on the risk factors of obesity, the importance of physical activity and nutrition, and setting SMART goals to adopt behaviors change.

- At 3 and 6 months into the program, the staff will provide follow up metabolic testing and body composition analyses to all participants in the respective phases.

Impact Objectives

- After the nutrition classes, 75% of the participants will be able to find the serving size of foods and describe how to read nutrition labels for meal planning to include macronutrients and micronutrients.
- After the nutrition classes, 85% of the participants will be able to identify healthy swaps for soft drinks, desserts, dressings, baking, and snacks.
- After all nutrition classes, 65% of participants will be able to track calories and macros independently.
- After the physical activity class, 50% of the participants will be able to identify personal barriers to moving more and create individual SMART goals.
- After attending all 12 classes, 85% of the participants will be able to identify 4 chronic diseases and other conditions that obesity contributes to.
- During the program, 75% of the participants will be able to recall 3 benefits to physical activity.
- By the end of the program, 80% of the participants will be able to list 3 behavior modifications for weight loss.
- By the end of the program, 80% of the participants will be able to interpret the body composition and metabolic testing paperwork and verbally state how physical activity and diet impact these tests to include muscle and fat recomposition.
- By the end of the program, 80% of participants will be able to calculate BMI independently.

- By the end of the program, 95% of the participants will be able to recall how many active minutes are needed to meet the national physical activity guidelines.

Outcome Objectives

- After 1 year of program implementation, the number of participants who do not engage in leisure physical activity will be reduced by 30%.
- After 1 year of participation in the program, 40% of the participants will meet the national physical activity guidelines for aerobic and strength training activities.
- Within 6 months, reduce the proportion of the population of military spouses whose weight status is obese or overweight by 10%.
- Within 12 months, reduce the proportion of the population of military spouses whose weight status is obese or overweight by 25%.
- By the end of the initial 1-year program, increase access to outdoor physical activity areas via the restoration, re-opening, and permanent maintenance of the three outdoor fitness trails.
- By the end of the initial 1-year program, increase access to fruits and vegetables with the opening of a weekend farmer's market on the installation.
- By the end of the initial 1-year program, increase access to fruits and vegetables with the community garden revitalization initiative.
- By the end of the initial 1-year program, 40% of the participants will continue to complete metabolic and body composition testing independently.
- At the end of the program, staff will survey all participants to gauge perceived susceptibility and severity of obesity, the perceived benefits and barriers to weight loss, and current health behaviors and compare to the baseline survey.

Health-Related Community Service	Perceived Susceptibility Perceived Benefits/Barriers Cues to Action	<p>-Provide an initial health risk assessment for all participants at the start of the program.</p> <p>-Provide free body composition analyses and metabolic testing at the start of the program, 3 months into the program, and at the 6-month mark.</p>
Environmental Change/Policy	Cues to Action Perceived Barriers	<p>-Improving access to health-enhancing environments through installation policy recommendations for:</p> <ul style="list-style-type: none"> ➤ the restoration, re-opening, and continued maintenance of three outdoor fitness trails ➤ the opening of a new weekend farmer's market to increase access to low-cost produce ➤ revitalization and re-opening of the three community gardens across the installation
Behavior Modification	Self-Efficacy Cues to Action Perceived Barriers/Benefits	<p>-Provide a weekly log for all participants to track behaviors that will assist them in reaching their goals:</p> <ul style="list-style-type: none"> ➤ Water ➤ Hours of sleep ➤ Steps ➤ Physical Activity ➤ Food ➤ Mood <p>-Provide a journaling session to invite participants to explore what prevents them from adopting healthy eating patterns and partaking in physical activity. Hold a group discussion after the journaling session to compare and explore barriers and transition into a SMART Goal setting discussion to provide feedback and set all participants up for success.</p> <p>-Provide incentives on a sliding scale for adopting healthy behaviors.</p>

Marketing Strategy

4Ps	Program Application
Product	<ul style="list-style-type: none"> - Increased knowledge of nutrition and physical activity and their relationship with other important factors such as weight management, sleep, stress, and hydration - Health Risk Assessments - Body Composition Analysis - Metabolic Testing - Improved health - Increased energy - Increased knowledge on how to lose and maintain weight without a fad diet or strenuous workouts - Building relationships with other spouses with similar health goals - Catered healthy snacks at each meeting - Increased confidence to make behavior changes toward health-related goals - Healthy relationships with food and exercise - Reduced stress and a sense of control over personal health - Incentives offered for participating and also on a sliding scale of participation - Access to weekend Farmer's Market on the installation - Access to community garden plots to have personal gardens for fruits and vegetables and free plot with the participation of the entire program - Access to outdoor fitness loops across the installation
Price	<ul style="list-style-type: none"> - No program fees - Time commitment of 1 hour a week for 12 weeks for health education - Time commitment and effort to adopt healthier lifestyle habits that are broken down into smaller digestible pieces during the classes and also demonstrated with chances to perform them as well
Place	<ul style="list-style-type: none"> - Joint Base Lewis-McChord American Lake Conference Center in the Lakeside Room with atrium will be the location for all classes, guest speakers, and MOVE demonstrations - The facility is on base, has a large parking lot, is quiet and peaceful on the lake, and indoors - Body composition and metabolic testing will take place at the Armed Forces Wellness Center on Main Post JBLM - Times TBD, but likely a morning and evening class to accommodate varying schedules and need for childcare
Promotion	<ul style="list-style-type: none"> - Advertisement in the monthly JBLM magazine - Advertisement in the weekly JBLM newspaper distributed to over 5,000 homes on the installation - Daily radio announcement on DECA Commissary Radio

	<ul style="list-style-type: none"> - Flyers placed at all major facilities to include fitness centers, commissary, family advocacy, troop headquarters, all Exchange facilities, all MWR facilities, all CYS facilities, JBLM and McChord Education Centers, Hawk Career Center, Soldier Readiness Processing Packets, and Army Community Service facilities. - Collaboration with AWC and fitness center staff for personal selling for spouses that utilize their services and would benefit from this tailored program - Online advertising on the front page of the JBLM installation website - Collaboration with Battalion leadership to facilitate the discussion of adding an advertising piece into monthly FRG meetings during the promotional periods - Social media advertisements across the 6+ spouse and installation Facebook pages
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In order to help the military spouses stationed at JBLM to increase their awareness of obesity risks and manage their weight, the health promotion program will offer health assessments, sessions on physical activity and exercise, and nutritional education centered on understanding food science and how to eat to fuel the body for health. These classes will help to overcome weight loss, exercise, and diet misconceptions alongside decreasing sedentary lifestyles and provide a healthy foundation for weight management. This will be done with no monetary cost to attend the program hosted at the American Lake Conference Center on North Fort, Joint Base Lewis-McChord. The only cost will be the time and effort needed to learn about behavior change and implement personal SMART goals. The Health Education Specialists will let the priority population know about this by using a multitude of strategies. These include daily and weekly advertisements to all homes on the installation, multiple outreach methods using advertisements across facilities on base, person-to-person conversations at installation fitness centers and the Armed Forces Wellness Center, and finally online advertising across the installation website and the numerous spouse Facebook community pages.

Program Task Timeline

Tasks Year 1	J	F	M	A	M	J	J	A	S	O	N	D
Develop Program Rationale	✓	✓										
Conduct Needs Assessment			✓									
Develop Goal and Objectives				✓								
Create Intervention				✓	✓	✓						
Conduct Formative Evaluation					✓	✓						✓
Hire and train program facilitators							✓	✓	✓			
Assemble Resources							✓	✓	✓			
Pilot test program										✓	✓	✓
Market and promote program									✓	✓	✓	✓
Prepare for program kick-off												✓
Full implementation												
Evaluate program												
Write final report												
✓=planned time												

Tasks Year 2	J	F	M	A	M	J	J	A	S	O	N	D
Develop Program Rationale												
Conduct Needs Assessment												
Develop Goal and Objectives												
Create Intervention												
Conduct Formative Evaluation				✓								
Hire and train program facilitators												
Assemble Resources												
Pilot test program												
Market and promote program	✓	✓										
Prepare for program kick-off	✓											
Phase 1 Implementation	✓	✓	✓									
Phase 2 Implementation				✓	✓	✓						
Program Monitoring	✓	✓	✓	✓	✓	✓						
Follow-up Health Testing			✓			✓			✓			✓
Evaluate program							✓	✓	✓	✓	✓	✓
Write final report											✓	✓
✓=planned time												

Logic Model

Inputs (Resources)	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<p>CDC Grant</p> <p>Health Education Program Manager</p> <p>Health Education Specialists</p> <p>Guest Speakers</p> <p>UW Interns of Graphic Design and Health Science Majors</p> <p>Weight loss models and visual aids</p> <p>Presentation materials</p> <p>In-house curriculum</p> <p>Office supplies</p> <p>Health assessments</p> <p>Army Wellness Center Tasting</p> <p>Incentives</p> <p>Commitment and time from all staff</p> <p>Catered healthy snacks</p> <p>Staff Training</p> <p>Expertise</p> <p>Planning and assessment time</p> <p>Conference Center</p> <p>Social Media Tools</p> <p>Supplies for participants</p> <p>Effort to begin installation policies on environment</p>	<p>Facebook group for community building</p> <p>Comprehensive classroom and take-home guide on entire program</p> <p>Set of classes to bring awareness to the risks of obesity and the beneficial relationship between nutrition and physical activity</p> <p>1:1 Coaching to discuss health testing and assist in personal goal setting</p> <p>Nutritional education classes on portion sizes, liquid calories, tracking, grocery shopping, whole foods, reading labels, measuring food, and healthy swaps for cultural favorites and snacks</p> <p>4 Move classes to introduce physical activity in a variety of patterns to include how much movement to achieve, how to strength train, what aerobic movement is, and how to move more, move at home, and move safely</p> <p>Guest Speakers to discuss their 'aha' moments and how they created healthier lifestyle habits</p>	<p>500 military spouses stationed at Joint Base Lewis-McChord, Washington</p>	<p>75% of the participants will be able to read nutrition labels</p> <p>85% of the participants will be able to identify healthy swaps for favorite meals and snacks</p> <p>50% of the participants will be able to identify personal barriers</p> <p>50% of the participants will be able to create personal SMART goals to overcome barriers</p> <p>75% of the participants will be able to recall 3 benefits for physical activity</p> <p>80% of the participants will be able to list 3 behaviors changes for weight loss</p> <p>80% of the participants will be able to identify 3 personal risk factors that contribute to obesity</p> <p>Participants will hold a better understanding of the importance of daily physical activity and healthy eating patterns and how they affect weight and other health outcomes</p>	<p>65% of the participants will be able to track calories independently</p> <p>65% of the participants will be able to measure food independently</p> <p>The number of participants who do not engage in physical activity will decrease by 30%</p> <p>40% of the participants will meet the national physical activity guidelines for aerobic and strength training activities</p> <p>Participants will read food labels while grocery shopping</p> <p>Participants will actively seek ways to increase physical activity even when at home</p> <p>Participants will continue to create and adjust SMART goals according to needs</p> <p>Participants will actively seek to continue relationships built in the class for accountability</p> <p>Participants will feel a sense of accomplishment, notice an increase in energy, and an increase in confidence</p>	<p>Participants will reduce their personal risks for obesity through behavior changes</p> <p>Participants will improve their overall quality of life</p> <p>Participants will maintain a healthy weight or continue to reduce BMI</p> <p>Increased access to safe areas to move via permanent re-opening of three outdoor fitness trails</p> <p>Increased access to produce via the revitalization of all installation garden plots and opening of the weekend farmer's market on base</p> <p>40% of the participants will continue to utilize the Army Wellness Center independently</p> <p>25% of participants will have moved from the obese category into the healthy weight category</p> <p>Participants will continue to develop healthy eating habits and continue to meet physical activity guideline thresholds</p>

Program Budget

Category	Item	Subtotal	Total Cost
Wages/Benefits	Health Education Program Manager	\$64,050.00 (Annual Salary – Seattle-Tacoma, Washington)	\$64,050.00
	Health Education Specialist (2)	\$62,010.00 (Annual Salary – Seattle-Tacoma, Washington)	\$124,020.00
	Guest Speakers (3)	\$0.00 (Volunteers)	\$0.00
	UW Interns from the School of Public Health (Food Systems, Nutrition, and Health Science) and the School of Art and Design (Visual Communication and Graphic Design) (6)	\$0.00 (3 interns per semester at 15 hours a week for a 3 credit internship credit)	\$0.00
Health Education Materials and Supplies	Hidden Sugar Facts Test Tubes	\$88.00	\$88.00
	Fat Chunks and Mighty Muscles Set	\$246.00	\$246.00
	Nutrient-Dense versus Calorically Dense MyPlate Faux Foods w/ Nutrition Cards	\$184.00	\$184.00
	Wire Bound Program Guide 50 pages (Intern and CHES created)	\$5.29	\$2,645.00
	Kraft Mini Notebook Blank 48 pack	\$18.99	\$208.89
	BIC Round Stic Ball Point Pen 144 ct	\$12.00	\$24.00
	Food Scale	\$29.99	\$29.99
	Measuring Cups and Spoons	\$27.99	\$27.99
	Jar of Peanut Butter	\$2.29	\$2.29
	Bag of Rice	\$5.89	\$5.89
	Plate, Bowl, Silverware, and Glassware	\$0.00 (Donation)	\$0.00
	Facebook Account	\$0.00	\$0.00
	Lose It or MyFitness Pal Application	\$0.00	\$0.00
	Classroom Curriculum for 12 classes via Google Slides	\$0.00	\$0.00

		(CHES and Intern created)	
	Policy Change Letters to Installation Commander (3)	\$0.00 (HE Program Manager Task)	\$0.00
	Remote Office Supply Kits 342 pieces (3)	\$11.99	\$35.97
	Outdoor Recreation Area Map (Intern and CHES Created)	\$0.18	\$90.00
	Promotional Flyers	\$0.18	\$90.00
	Remote Office Supply Set-up (Printer, Paper, Pens, Ink, Notebooks) (3)	\$250.00	\$750.00
Equipment			
	Projector and cables	\$0.00 (Covered in rental)	\$0.00
	Screen	\$0.00 (Covered in rental)	\$0.00
	Tables and Chairs	\$0.00 (Covered in rental)	\$0.00
	Laptops (3)	\$189.98	\$569.94
	Wi-Fi	\$0.00 (Covered in rental)	\$0.00
Health Assessments			
	Body Composition Analysis	\$0.00 (TRICARE Coverage)	\$0.00
	Metabolic Testing	\$0.00 (TRICARE Coverage)	\$0.00
	Free Weight/Dumbbell Set	\$0.00 (Donation from Wilson's Fitness Center)	\$0.00
	Health Risk Assessment Forms	\$0.18 (Adapted from TRICARE-West HRA Online)	\$90.00
Incentives			
	Program T-shirts w/ Logo	\$4.61	\$2305.00
	Commissary Gift Cards \$50 (5)	\$50.00	\$250.00
	Commissary Gift Cards \$100 (5)	\$100.00	\$500.00
	Commissary Gift Cards \$150 (5)	\$150.00	\$750.00
	Fitbit Inspire Fitness Watch (10)	\$69.95	\$699.50
	Community Garden Plot (500)	\$0.00 (Attendance in entire program)	\$0.00

Rent	American Lake Conference Center – Lakeside Room	\$175.00 per day (Free if food costs are over \$1,500)	\$0.00
	Office Space (Remote)	\$0.00	\$0.00
	Office Space (Army Community Center for interns and meetings)	\$0.00 (Donated space when official rooms are not being used)	\$0.00
Miscellaneous	Beverage Station (Water, Coffee, and Hot Tea)	\$0.00 (Covered in rental)	\$0.00
	Fruit Platters	\$59.95 (1 Serves 50)	\$7194.00
	Veggie Platters	\$69.95 (1 Serves 50)	\$8394.00
	Clean Up	\$0.00 (Covered in rental)	\$0.00
	Gas Expense for Staff (3)	\$250.00	\$750.00
Total			\$214,000.46
Cost per participant			\$428.00

For successful health promotion program implementation, the health communication and educational curriculum and instructional resources need to be tailored to the priority population. The majority of existing evidence-based programs for obesity prevention and control are focused on K-12 participants or worksite wellness sites. The curriculum needed to support the twelve classes and workshops will be developed in-house using credible resources such as the CDC, WHO, The Community Guide for Obesity Prevention and Control, and adapting existing curriculum from evidence-based and highly recommended best practices from within this guide. The curriculum and the program guide to assist in the classes will be created by the Health Education Specialists and the interns assisting with the creation and implementation phases. This take-home guide will allow the participants to have a physical resource to refresh on all of the covered topics and should increase self-efficacy through overcoming barriers and reinforcement of information. Utilizing interns from within the School of Public Health and Art and Design will

not only allow for the program to remain within the budget constraints, due to the immense undertaking of in-house curriculum, but it will also give valuable and tangible experience to future health professionals and graphic design students.

The visual education aids are necessary for a hands-on learning approach to bring awareness to the differences in muscle tissue versus fat distribution, portion sizes of familiar proteins, fats, and carbohydrates, recommended plating for a balanced meal, and also to bring awareness to the amount of sugar in familiar foods. The act of being able to physically see and hold the amount of sugar in recognizable foods and drinks and compare portion sizes is important in the constructs of perceived susceptibility, barriers, and benefits to changing health behaviors. The Health Education Program Manager will inquire about assistance from one of the installation fitness centers for a 2-day donation of dumbbell weights to facilitate the Move demonstrations. There are seven fitness centers with varying weekday and weekend hours on the installation to support this request. There is a substantial fee for the healthy snacks that are provided for all participants during the classes, but the Health Education Program Manager justifies this expense since the rental fees of the American Lake Conference Center Lakeside room are removed due to the cost of the food (American Lake Conference Center, 2020). All other pieces of equipment needed to facilitate the classes such as the projector, cables, screen, tables, chairs, refreshment bar, Wi-Fi, clean-up costs, and set-up costs are included in the rental agreement, which was waived due to the food purchase (ALCC, 2020). The Health Program Manager will also be tasked with producing three policy change drafts to begin discussions with the Garrison Commander and their planning committee to facilitate the Farmer's Market, Community Garden, and Outdoor Fitness Trail initiatives. These three initiatives will enhance

the health of the community by increasing access to fresh produce and improving outdoor access to safe areas for physical activity.

Warrior Spouse Wellness is a comprehensive primary and secondary prevention program to reduce the prevalence of overweight and obese status of military spouses. This program will guide the participants through proven strategies to increase health-related behaviors such as physical activity, weight management, and healthy eating. Military spouses will be educated in health behavior change methods to bring awareness to the importance of physical activity and nutrition while simultaneously allowing for the prioritization of personal health and wellness. With the Department of Defense spending \$1.5 billion annually on obesity-related health care costs, the \$428 per participant cost to facilitate 500 military spouses with the initial 1-year program is cost-effective and a needed investment (CDC, 2019b).

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