“HEALTHY WILDCATS” PROGRAM: AN INTEGRATION OF HEALTH PROMOTION AND CHILDRENS LITERACY OUTREACH FOR SINGLE PARENT MOTHERS AND THEIR CHILDREN AGES 9-11

By

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I would like to send a warm thank you to several individuals that facilitated my experience with this thesis project. To Norma Otero at Roskruge, I thank you for your willingness to stop what you’re doing in the library and allow me to question you, ask for guidance around the library, for your ability in making big problems seem small, and for challenging me on the spot. Your established leadership and credibility wt Roskruge went a long way in helping advocate the program. To Dr. Eve Shapiro and Dr. Kerstin M. Reinschmidt, I thank you for your fantastic insight and direction, for your guidance of my thought processes, for your patience with me and, most importantly, for not giving me the answers and instead giving me the tools to think. I thank you both for being so readily accessible. To Chris Bracety at Sweet Tomatoes and Ashley and Sonja at Whole Foods Market of Tucson, I thank you for “walking the talk” and showing the degree of support (skills and financial) you were willing to lend to a health-focused community effort. To the Elementary School Principal and Mr. Cardonas from Roskruge, thank you for welcoming me into the doors of your school and working me into your agenda. Lastly, I thank the mothers and children who were part of the study. Thank you for graciously welcoming me into your families as another loved one. The accomplishment of this thesis does not do justice to the growth and encouragement I have received in working with such amazing children - thank you for teaching me.
DEDICATION

To my mom, who has patiently stood by, provided encouragement, and believed in my efforts. And to my brother, for uplifting my spirits and keeping me accountable. From the bottom of my heart, I thank you both.
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INTRODUCTION:

In Arizona, single parent minority families are one of the largest vulnerable populations to health literacy and education disparities. In terms of health, we are witnessing an unprecedented increase in chronic and largely preventable illnesses. In the United States, almost 700,000 people die from heart disease each year. In 2006, the American Heart Association estimated heart disease would cost Americans more than $258 billion. While sedentary lifestyles are continuously being encouraged by increased exposure to media, health experts are expressing a growing concern about the nutritional quality of the American diet. Children, young people, and adults are consuming more calories than they need without meeting recommended intakes of many nutrients (U.S. Dept of Agriculture, HHS 2005). These intakes are particularly important for young people, who may not be getting the nutrients they need for their growth and development. Children in single-mother homes are more likely to experience health-related problems as a result of the decline in their living standard, including the lack of health insurance (Mauldin 1990).

With regard to education, children without basic reading skills are falling behind in other subjects which utilize literacy skills until many become discouraged to continue with more schooling. In fact, Arizona has one of the highest dropout rates in the nation, with an estimated 90% of those who drop out of high school reading below grade level. In 2008, the TUSD AIMS score reported that Roskruge Elementary, a school within a mile from the University of Arizona, had only 52% of grade 3 students met or exceeded standards in Writing (reading scores were approximately identical). This is lower than the Tucson Unified District average of 74%, and lower than the Arizona state average of 76%. The health and well-being of children are inextricably linked to their parents' physical, emotional and social health, social circumstances, and child-rearing practices. After controlling for level of family income, single mothers reported more daily hassles related to economic, family, and personal health problems, and more symptoms of depression, anxiety, and psychoticism (Williams RA 1990). Not surprising, the proportion of children who live in poverty is approximately 5 times greater for female-headed families than for married-couple families (Schor EL 2003). Consequently, children in single-mother homes tend to experience short- and long-term disadvantages in levels of education and health literacy. The implications of these findings for the adjustment to life in single-parent families’ must be realized and incorporated into a child’s formal school curriculum.

In an examination of four nationally representative samples in the USA (McLanahan and Sandefur, 1994) showed that adolescents raised by single mothers during some period of their childhood were twice as likely to drop out of high school, twice as likely to have a baby before the age of 20 and one and a half times more likely to be out of work in their late teens or early twenties than those from a similar background who grew up with two parents at home. In 2006, 12.9 million families in the U.S. were headed by a single-parent, 80% of which were headed by a female (Census, 2006). However, the mothers themselves have the additional risk of their sex. According to the American Heart Association, nearly twice as many women in the United States die of heart disease, stroke and other cardiovascular disease. The Women’s Heart Foundation also states that women's hearts respond better than men's to healthy lifestyle changes.

Current health outreach programs in Tucson, AZ are doing good work (Staten LK, 2005; Eisenberg M, 2009; Romero AJ, 2005). A program called the School Health Index has been implemented (Staten LK), for example, in a tribal school and in 13 Arizona elementary schools, two middle schools and one high school located in Arizona border communities as part of the Border Health Strategic Initiative (BHSI), with assistance from the USMBHC (United States- Mexican Border Health Commission) and CRCPHP (Canyon Ranch Center for Prevention and Health Promotion). Individual school action plans varied but
most shared one component, to reduce in-school access to “unhealthy foods.” Other changes in the schools include the following:

- Walking clubs have been organized during non-class time;
- The student council is no longer selling unhealthy snacks after school; and
- Bake sales offer nutritious food options (e.g. fruit salad rather than peanut butter cookies).

Literacy outreach programs for at-risk children were much harder to come by. In fact, the Tucson Area Literacy Coalition website only mentions three organizations with such focus: “Oasis Tutors”, “Make Way for Books”, “KUAT/ Ready to Learn- Ready Set Read”, and the “Reading Seed”. The Reading Seed Children’s Literacy Program has been doing equally notable work in recent years with its association with Rotary Club of Tucson. Their mission has been to help children in Pima County “learn to read so they can read to learn.”. Reading Seed recruits and trains volunteer “reading coaches” from the community to assist children reading below grade level in grades one through three. The University Of Arizona College Of Education agreed to partner with Reading Seed in developing and implementing a student assessment program to measure the effectiveness of the Reading Seed coaching program. A quote from this evaluation study summed up its findings:

“This pilot study indicates that the Reading Seed tutoring makes a substantial impact on students, teachers and the tutors.”

STATEMENT AND PURPOSE:

This paper is being written to bring awareness to two specific audiences: school officials and legislators involved in education initiatives in Tucson Arizona and future facilitators that may build upon the programs foundation (undergraduates, public health officials). A health outreach program that emphasizes reading literacy in addition to the health promotion component may have a synergistic effect on each other, enhancing the child’s success in both areas more so than intervention in one area alone. The main questions to be answered by the research are: What unique obstacles are presented to single-parent, minority families in obtaining a healthy lifestyle? Is the Healthy Wildcats Program worthy to pursue as a low-budget, effective outreach program pursued by students with foci in public health, education, or the sciences?
CHAPTER 2

REVIEW OF THE LITERATURE

Health Promotion Programs:

The majority of problem behaviors that lead to compromised health in adult populations are manifested during childhood (Dryfoos, 1990). The health promotion field has strongly suggested that prevention and delay of these problem behaviors in childhood will greatly reduce morbidity and mortality (Nutbeam, Aar, & Catford, 1989). Current health promotion efforts targeting youth often are centered in schools, which are seen as a promising venue for preventive interventions given that children spend so much of their time there and because of the school’s role as a major socializing institution for youth (Comer, 1988; Flay & Collins, 2005). The American Heart Association Position Statement on Cardiovascular Health Promotion in Public Schools encourages school-based interventions for the primary prevention of cardiovascular disease (CVD) through risk factor prevention or reduction in children with an emphasis on creating an environment that promotes healthy food choices and physical activity (PA). Cardiovascular disease (CVD) remains the leading cause of death in the United States. Although the clinical manifestations of CVD tend not to occur until mid-adulthood, studies have shown that atherosclerosis has its origins in childhood and adolescence (McNamara JJ, 1971; Mahoney LT, 1996; Berenson GS, 1998). There is also evidence that CVD risk factors track from childhood/adolescence into adulthood and predict CVD morbidity (Katzmarzyk PT 2001). Due to the early origins of atherosclerosis and the increasing prevalence of pediatric obesity and other CVD risk factors, there is considerable interest in the cardiovascular and metabolic health of youth. According to a 2005 report from the Institute of Medicine and a recent study published by the Journal of the American Medical Association, more than 15 percent of young people in the U.S. are obese (Institute of Medicine of the National Academies, 2005; Ogden, C.L., 2002). Many more are at risk for becoming overweight or obese. Fewer than one-third of young people in the U.S. eat recommended amounts of fruits and vegetables (Life’s Crossroads, 2000). Americans’ increasingly sedentary lifestyle is another important part of the obesity and CVD epidemics. A decade ago, nearly half of American youth ages 12 to 21 were not vigorously active on a regular basis (Satcher, D, 1999) and that observation has not seemed to get any better. A decade later, approximately 40% of U.S. children 6–11 years of age meet current physical activity recommendations (Troiano RP, 2008) and trends in dietary intake suggest a higher energy density and lower nutrient density. For instance, intakes of soda and fruit drinks account for between 15–20% of children's total caloric intake, while less than 20% of youth achieve the recommendation of five or more fruits and vegetables per day and less than 15% of youth consume two or more servings of whole grains per day (Nord MAN, 2005; Stang J, 2006). While media use and exposure to food marketing and advertising messages are at an all-time high, primarily candy, cereal, and fast food (Roberts, D.F., 2004) health experts are highly encouraging public school systems to implement stronger health messages. Overall, previous school-based studies have produced moderate effectiveness for the adoption of healthy lifestyle behaviors. A common example is that the focus of the physical activity and dietary behaviors in which children engage is during the school day, with minimal emphasis on what kids do outside of school. In most cases, this relates to the involvement of the family and/or community. In particular, most school-based studies either neglect to address or poorly address the importance of family support (Marcus BH, 2006), which has been identified as an important factor in both the adoption and maintenance of behavior change in children (Gustafson SL, 2006; Van Sluijs EMF, 2007).

Children’s Literacy Programs:

Although rates of childhood health ailments among the general population are alarmingly high, they are higher still in ethnic minority and low-income communities. While the health disparities pose a major challenge for policymakers and practitioners planning strategies for prevention one large environmental
factor may have an even larger effect on disadvantaged and minority children and thus contribute to disparities in health literacy. The absence of problem-solving skills related to health literacy renders people, especially vulnerable groups such as children, unable to improve their health on their own. The Healthy People 2010 report defined health literacy as the "degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." (US Dept HHS, 2000) Therefore, health literacy is not just the ability to read health text; rather, it is a set of skills that involves recognizing, processing, integrating, and acting on information from a variety of platforms. Studies conducted in low-income urban populations have documented that low literacy is a predictor of poor health outcomes, even after other sociodemographic variables are considered (Weiss BD, 1994; Weiss BD, 1992; Wilson JF, 2003). The role of literacy in health care has been less extensively studied for child health compared with adult health. A recent study has reviewed the literature in the past three decades and determined that children with low literacy generally had worse health behaviors (DeWalt DA, 2009). Researcher also found that parents with low literacy had less health knowledge and had behaviors that were less advantageous for their children's health compared with parents with higher literacy. A 6-month intervention addressed the literacy and asthma self-management skills of 110 minority children in South Los Angeles utilizing weekly Saturday-school format (Robinson LD Jr, 2008). The results demonstrated that there was a statistically significant decrease in both hospitalization and emergency department visits during the intervention. In addition, all the children showed significant improvement in their reading level and self-efficacy.

Summary:

Taken together, this evidence highlights the importance of promoting healthful dietary and physical activity behaviors during childhood and adolescence, particularly in low SES populations. This 16-week intervention has been designed with the assumption that improved literacy plays a vital role in improving overall health outcomes among children in single-mother households, a determined high-risk population. This comprehensive long-term intervention employs innovative strategies to empower these children to understand literacy as a central component to “health”. Furthermore, imploring a family-centered emphasis would produce a more sustainable intervention. This research will further the disciplines understanding of the subject by investigating the opportunities of interventions that work with underserved populations to prioritize the enhancement of literacy concomitantly with any health promotion research.
C H A P T E R 3

M E T H O D S:

Participants and Setting

This 16-week study was performed with a sample of 4 students between the ages of 8-9 all from Roskrugke Elementary School in Tucson, AZ who (1) met the criteria for having low literacy according to the DIBLES reading development assessments, adopted from the University of Oregon Center on Teaching and Learning, and used by TUSD for grades K-3, (2) had single-parent minority mothers, and (3) were part of the after-school program called Si Se Puede. Enrollment into the program was voluntary, and parental informed consent and minor’s assent were provided. Benefits included gift cards from Whole Foods Market and meal passes from Sweet Tomatoes. Three family units were recruited and all were retained throughout the 4-month program. Two of the children were siblings. This study was approved by the institutional review board of the University of Arizona and the TUSD External Research Committee.

In 2008, the TUSD AIMS score reported that Roskrugke Elementary had only 52% of grade 3 students met or exceeded standards in Writing (reading scores were approximately identical). This is lower than the Tucson Unified District average of 74%, and lower than the Arizona state average of 76%. A University of Arizona College of Education confirmed the effectiveness of the Reading Seed Children’s Literacy program for students in kindergarten through 3rd grade (Yukish FJ, 2005) which was adopted as part of the Healthy Wildcats intervention. Seventy-five percent of the tutored students improved on at least one of the sub-test areas on a reading test. Of those 75%, almost 40% made greater progress on the reading of a story than the non-tutored students. Furthermore, results showed that 87% of tutored students progressed at least one reading level in the short, two-month treatment period. In the matched, non-tutored group, 62% made similar progress of one grade level or more.

The Curriculum Design

Healthy Wildcats program was based on the twice a week school format, with sessions held each Tuesday and Thursday. The program was designed to provide each child with ~30 minutes of literacy training and ~40 minutes of health education. The intervention period for each child was 4 months; however, four of the health lessons were postponed or canceled due to grading days, spring break, and/or doctor appointments. Healthy Wildcats was developed and initiated with several aims:

1) To promote healthy behaviors and activities in the children
2) To promote enhanced literacy skills for the children
3) To increase the health literacy of the mothers

The literacy curriculum was developed by the Reading Seed Organization and stresses on “making reading fun” while emphasizing reading accuracy, reading comprehension, and writing and oral language skills (Tractenberg A, 2008). The site facilitator consisted of the principal investigator, a college student, who participated in a 3-hour training workshop to be a “Reading Coach” with the Reading Seed Organization. The facilitator supervised the 4 children back to back for 30 min each of reading instruction during Tuesdays of each week. The Reading Seed curriculum and training developed the principal investigators skill set to help build students self esteem, and decrease social stigmatization by encouraging statements such as “you are much smarter than you think”, or “you should be proud of yourself”. The curriculum encouraged to initiate literacy sessions by building oral vocabulary with upbeat language and using open ended questions (e.g.”can you describe that to me?”) and giving the students control over small tasks by asking them questions such as “what do you want to read?”, or “how should
we play this game?” Other major characteristics of literacy sessions included the use of fingers, asking for comprehension, giving honest praise and finding something positive to say when being critical.

The health curriculum (Appendix C) was designed by the principal investigator based on information collected from mentor recommendations and assessment questionnaire (Appendix A). Health lessons rotated the following blocks: “Wildcat Exercise”, “Healthy Eating”, “Healthy Wildcats Don’t Smoke”, and “School Performance.”. The children’s health lessons were every Tuesday and Thursday for the first 40 minutes after school. The lessons’ goals included having children be engaged in moderate physical activity for at least 50% of class time, providing activities and opportunities that help children enjoy healthy behavior, providing verbal prompts to be active, and participating in activity with the children.

In addition to the children health and literacy training, three Healthy Wildcat lessons were Family Days and were held on an off-school site (Appendix C). This intervention has been designed to incorporate their single-mothers in an attempt to educate them about early preventative measures to obtain cardiovascular health and support their children’s health and literacy. These unique experiences provide the children and mothers with exposure to health initiatives in the community in lieu of the traditional classroom. The sites included the elementary school library, Whole Foods Market, and Himmel Park. The Family Day experiences lasted ~1 hour and included literacy education, activities that accentuate family-centered health initiatives, communication skills, and goal-setting.

Assessments/Measurements and Data Collection

The health knowledge of the children and moms was assessed by a questionnaire adopted and modified from a questionnaire called “Know Your Body”, 3rd grade and 8th grade level respectively (Williams CL, 1980). The children’s questionnaire (Appendix A) included additional open-ended questions that explored perception of health, the role of family in self-management, and possible changes in self-management practices. Parents completed the questionnaire before the first Family Day and again after the last Family Day lesson (Appendix B). Measurements of mom’s blood pressure, height, and weight were taken before and after the 4-month intervention. Quantitative measurements of literacy were assessed by the reading scores of the TUSD DIBELS Test. This test evaluates reading accuracy, vocabulary and reading comprehension (TUSD). The parents provided a signed and dated written consent before scores were disclosed, thereby following FERPA regulations. Data collection included questionnaires/surveys, observing behavior during health activities, reviewing reading score records, and mother measurements of weight and blood pressure.
CHAPTER 4

RESULTS:

Table 1. Common Difficulty Areas for Moms of Health Knowledge of Initial Questionnaires (n=3)

<table>
<thead>
<tr>
<th>General Area</th>
<th>Specific Questions (Appendix B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>Asymptomatic nature of HP (#5), Untreated Prognosis (#7)</td>
</tr>
<tr>
<td>Distinction of Fats</td>
<td>Basic Sources of Unsaturated vs. Saturated Fats (#11, #24), Negative Association of All Fats (#12), Benefits of Fish/Chicken over Most Meats (#9)</td>
</tr>
<tr>
<td>3rd-Hand Smoke</td>
<td>Perception as Health Hazard (#20)</td>
</tr>
</tbody>
</table>

Question 1: Did the mom’s gain health knowledge?

Though conclusion are not statistically significant, interesting observations were made. The baseline assessment of this sample of mothers had surprisingly identical health knowledge while lacking in three general areas of the health questionnaire (Table 1.). Data demonstrated that all three mothers reported to exercise alone pre-intervention while 2/3 reported to engage in exercise with family relatives and friend’s post-intervention. Additionally, 2/3 mothers reported doing at least double the amount of moderate-strenuous exercise than they did pre-intervention (1-2/wk vs. 2-4/wk). Blood pressure and weight measurements showed steady readings with the exception of significant reductions in the mother with the highest BMI and blood pressure calculations (Mom 2). Mom’s reported exercising with family relative more. Mom’s described the only weaknesses of the program as insufficient instruction to purchase cheap-healthy food. Comments included, “All the fat foods are the cheaper foods,” “It’s just hard to buy healthy foods because they’re expensive,” “I cook 5 days out of the week and we usually eat out on the weekends for dinner- we like Chinese,” “I wish someone could tell me how to cook healthy with the ingredients I normally buy”. According to 2 out of 3 moms, time was not considered an obstacle in obtaining a healthy lifestyle for the families.

Table 2. Quantitative Measurements for Moms

<table>
<thead>
<tr>
<th></th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mom 1 (5’2”)</td>
<td>BP: 110/80 mmHg; wt: 156</td>
<td>BP: 120/61 mmHg; wt: 160</td>
</tr>
<tr>
<td>Mom 2 (5’5”)</td>
<td>BP: 140/87 mmHg; wt: 190</td>
<td>BP: 135/82 mmHg; wt: 170</td>
</tr>
<tr>
<td>Mom 3 (5’1”)</td>
<td>BP: 100/60 mmHg; wt: 135</td>
<td>BP: 105/65 mmHg; wt: 136</td>
</tr>
</tbody>
</table>

Question 2: Did Healthy Wildcats promote healthy behaviors and activities in the children?

While half of the students typically knew the correct answer for most of the questions a few questions illustrate what areas students have gained health literacy and what areas children lack sufficient instruction (Table 3). Pre- and post-intervention questionnaires demonstrated that the female children included friends’ opinion in the decision of whether or not to smoke, whereas the two boys did not. It is evident that many of the activities created for the health curriculum were enjoyable for the kids (Appendix C). Children were always much more willing to engage in physical activity when the principal initiated the activity in a goofy manner. Below is a compilation of some questions that tracked a particular student’s progress that had the lowest scores in reading and health knowledge among the group. Overall, the trends in all students were similar and/or more dramatic after the 4-month intervention- a more holistic view of health was developed and health vocabulary used to describe good health behaviors is more specific, active, and enhanced.
1. What are 3 things a healthy person does?
   Pre-Int: “Have medicine. Not drink stuff that is cold. Wear socks. Don’t touch the cold.”
   Post-Int: “Stay nutritious, drink well, eat healthy”

2. Learning is part of being healthy. How many times do you read at home in a week?
   Pre-Int: “4 times/wk. Sometimes I go to the library.”
   Post-Int: “7 days a week (2 chapters a day).”

3. How many children books to you have at your house?
   Pre-Int: “More than 10.”
   Post-Int: “About 20!”

4. What kinds of foods are good for the heart?
   Pre-Int: “Fruit.”
   Post-Int: “Vegetables, whole grains, apples, bananas, oranges…”

5. What does smoking do to your teeth, breath, playtime?
   Post-Int: “Make them rotten, makes a big hole. Makes it smell. Not let you play that much and makes you feel like you can’t move.”

6. When someone is smoking they are hurting what parts of their body?
   Pre-Int: “Heart. Stomach.”
   Post-Int: “Heart, brain, stomach, lungs.

7. What does exercising do for you? body?
   Pre-Int: “Makes you stronger.”
   Post-Int: “Makes you stronger and healthier.”

8. Is touching your toes exercise? Can you tell me 5 different exercises?
   Pre-Int: “Yes. Running...?”
   Post-Int: “Yes. Yoga, Jogging, riding bikes, playing sports, stretching, playing that snake game, the Mirror Game, charades...”

9. What do you do when you are being bullied?
   Pre-Int: “Be safe, respectful, keep your hands to yourself, or just walk away. I mostly walk away.”
   Post-Int: “Tell monitor. Go tell the monitor then go up to them and tell them stop bullying the kid. Ask the kid Are you alright?”

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**Table 3. Major Trends in Children's Pre- and Post-Questionnaires (n=4)**

<table>
<thead>
<tr>
<th>Health Topic and Associated Question #</th>
<th>Pre → Post (learned # of students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular health can be improved by changing health habits (#2)</td>
<td>1 out of 4 → 4 out of 4</td>
</tr>
<tr>
<td>The proper association with weight and heart function (#5)</td>
<td>2 out of 4 → 1 out of 4</td>
</tr>
<tr>
<td>TV Commercials can make you want to eat certain foods (#6)</td>
<td>2 out of 4 → 3 out of 4</td>
</tr>
<tr>
<td>Benefits of whole grain over white bread (#7)</td>
<td>2 out of 4 → 4 out of 4</td>
</tr>
<tr>
<td>Friends input is considered in choosing whether or not to smoke (#10)</td>
<td>2 out of 4 → 2 out of 4</td>
</tr>
</tbody>
</table>

**Question 3: Did Healthy wildcats promote enhanced literacy skills for the children?**

Reading improvement of Healthy Wildcat children and other non-Healthy Wildcat students of the same grade have been compared several hours after the submission deadline of this thesis. A phone conversation with a school coordinator confirmed that the student scores document a “much larger” jump than other students with similar scores prior to the 16-week intervention. Despite the scores, Healthy Wildcats reading had a powerful effect on students’ reading gains. Children tended to choose book titles that “looked funny”. Absences were quite prevalent and were a factor in disrupting the flow of the lesson
plans. There was a significant difference in the degree of ownership of the book the children displayed from pre- and post-intervention (Appendix C). For example, at the end of the four-month period children would rarely looking up at the principal investigator when having trouble with a word and instead took more time exploring the phonetics of the word, in sharp contrast to initial interactions.

Students reported that they felt very special when their tutor came to read to them and meet them after school for the health lessons. All four of the students made comments that demonstrated their fondness for the principal investigator. Typical comments included: “reading with someone is fun,” “my mom say’s I’m getting healthier,” “I read to my little brother/sister,” and “I know Androuw really likes me and wants to help me be healthier.” All children reported feeling that their reading was better because of their work with Androuw, the principal investigator. Children reported no weaknesses in the program. Mom’s reported that the Healthy Wildcats program had a positive impact on their children’s homework participation. They stated their children were “more focused,” “completed more of the work on their own,” and “felt more confident.”

**Discussion:**

Among Arizona, the percent of children in single-parent families has matched the national 3% increase from 2000 to 2007 (Casey, 2009). We have proposed a long-term intervention to provide minority underserved 3rd-grade children with weekly education, literacy enhancement and life skills training. The Healthy Wildcats is a unique intervention as it addresses both the academic and healthy literacy of children in a family-focused model for single parent mothers and their children in the community. A systematic review revealed that health-related knowledge is almost always associated with literacy (DeWalt, 2009). Although knowledge is often not closely associated with health outcomes, health-behavior experts assert that all health-behavior theories assume adequate knowledge (Bandura A, 1997). As such, it is important to not ignore this meaningful relationship.

This thesis describes the rationale, development, methods and results of the Healthy Wildcats program designed to promote heart healthy behaviors and prevent cardiovascular disease risk factors in children in a family-focused fashion. Main findings demonstrated that Healthy Wildcats 1) did improve cardiovascular health knowledge in the mother and improved their health and wellness behaviors, 2) had powerful effect on students’ reading gains, and 3) adopted behaviors and attitudes that demonstrate a healthy lifestyle and good student life skills. The principal investigator intends on building upon the structure and validity of Healthy Wildcats and the main findings by finding a future facilitator. Following the completion of the study described here, we intend to compile the main findings into a letter and sent to school personnel, health care providers, county health department employees, and elected officials in hope of gaining support for the reduction of health care disparities and a stronger development of health education initiatives in public schools and communities. Developing partnerships with college groups may be instrumental in the long-term goal of disseminating the Healthy Wildcats goals and intervention in other regions of Tucson. The pressure on teachers and principals to prepare students to perform well on standardized tests in math and reading is considerable, and schools throughout the nation have reduced or eliminated many subjects and programs, including health related ones, that are not directly related to the content of these tests (National Education Association, 2003–2004). But the reduction or elimination of physical education, the transfer of school food service to outside vendors, and reliance on vending machine revenues for extracurricular activities all contribute to a less-than-optimal health environment for children. Given its dual nature of disseminating literacy and health education, the Healthy Wildcats program is a model may provide strong impetus for school officials to promote the school-based health program.
From the relatively small number of subject in the study, it is difficult to draw conclusions about the cause-and-effect relationship between dual literacy and child health promotion program. Although there is a strong relationship between literacy and the measured outcome, particularly knowledge, the nonexperimental nature of the study designs leaves us wondering whether other important factors explain the relationship between literacy improvement and the health knowledge. Many studies, like ours, attempt to adjust for age, socioeconomic status, race/ethnicity, and insurance status, but such statistical adjustment does not ensure detection of a causal relationship. Intervention studies that target the effects of low literacy and find a reduction in the relationship between literacy and health knowledge could help to increase our confidence that the literacy-health knowledge relationship is causal.

The children of the single-mother families blossomed with little more than encouragement and an enthusiastic attitude. The programs successes has general implications in how to better communicate health to the children: teaching age-appropriate consequences to health behavior, encourage the establishment of role-models in their lives, communicate the idea that reading is part of being healthy, and promote healthy activities that are tailored to the child’s interests. Moreover, it was clear that these mothers significantly lacked knowledge in cardiovascular health knowledge, the danger of 3rd hand-smoke, and the nutritional distinction of fats. This finding implies that future primary care physicians, especially pediatricians, should emphasize the importance of these topics and guide them with the appropriate resources. Taken together the progress I have made with the moms and children has further solidified my professional and personal ambitions of pursing a career in pediatrics with a focus on serving the underserved and vulnerable.

In summary, researchers could seize on the emerging recognition of the importance of literacy for child health development and outcomes. Furthermore, studies to identify the key health literacy skills needed by children as they transition to self-management can lead to better curricula for clinician training and primary schools. Although we currently implemented this program for 3rd graders, the same methods can be applied to other grades with minor modifications (e.g., selection of different health and literacy curricula). Finally, school interventions should improve outcomes for all patients but also narrow the gap in outcomes between people with low and higher literacy. We anticipate this intervention will lead to an effective heart healthy education and behavior change model that can be cost effectively adopted into public schools to promote a desirable cardiovascular risk factor status in school children.
APENDIX A:

3rd-grade Kid’s Questionnaire adopted from Williams CL (1980)
“Know Your Body”

Oral Instructions: Tell me the correct answer to highlight. If you do not know the answer tell me “don’t know” and that will be your answer for that statement.

1. Children (can, cannot) help to prevent their bodies from getting sick.
2. Some heart attacks can be prevented by (changing health habits, getting a shot)
3. Cancer is an illness which (sometimes, never) can be cured.
4. Different foods have (different, the same) nutrients.
5. Being (thin, fat) makes the heart work harder. Don’t know
6. Television commercials (can, cannot) make you want to eat certain foods.
7. (White bread, whole grain bread) is better for you because it supplies more nutrients to the body.
8. Cigarette smoking (speeds up, slows down) your heart rate.
9. Cigarette smoking can (improve, hurt) your ability to play in sports.
10. Friends usually (help you decide, don’t help you decide) whether or not you should smoke.
11. Everyone has (blood pressure, heart attacks) both
12. If your blood pressure is high you will (probably feel sick, feel fine)
13. Flossing teeth (can, cannot) help keep teeth and gums healthy.

The initial oral only questionnaire I will administer to the child will have the following questions:

1. When did you last see the doctor? What did she/he tell you?
2. What does your mom do to help you be healthy?

All interviews with children (initial, graduation) will have the following questions:

10. What are 3 things a healthy person does?
11. Learning is part of being healthy. How many times do you read at home in a week?
12. How many children books to you have at your house?
13. When was the last time you read a book to your mom?
14. What kinds of foods are good for the heart?
15. What is a vaccine shot?
16. What does smoking do to your teeth, breath, playtime?
17. When someone is smoking they are hurting what parts of their body?
18. Where is most of the healthy food at in the grocery store, on the periphery or in the isles (drew a schematic)?
19. Can you tell me three ways germs are spread?
20. True or False: being smelly is not good for your health?
21. What is the most important job of the heart?
22. What does exercising do for you body?
23. Is touching your toes exercise? Can you tell me 5 different exercises?
24. What do you do when you are being bullied?
25. When you feel angry at another kid what do you do?

APPENDIX B

Mom’s Questionnaire; adopted and modified from Williams “Know Your Body”

Mark “true, false, or don’t know” to the right of each statement.

1. All smokers gain weight when they quit smoking.
2. Cholesterol is a fatty substance found in everyone’s blood.
3. Air pollution causes more cases of lung cancer than cigarettes.
4. A risk factor is a health condition or habit which increases the chance of developing certain chronic diseases.
5. People with high blood pressure usually feel sick.
6. The main danger in having clogged arteries in the heart is that they lead to heart attacks.
7. High blood pressure may cause damage to the kidneys.
8. When tar and nicotine are removed from cigarettes, there are no other chemicals in tobacco that cause disease.
9. Fish and chicken have dozens of health benefits over meats.
10. People with high blood pressure should avoid all kinds of exercise.
11. Unsaturated fats are mostly oils from plant and vegetable sources, including cottonseed, soybean and corn.
12. Fat in your diet is not necessary to maintain health.
13. Regular physical exercise may help delay or prevent a heart attack, stroke, bone disease like osteoporosis, and some cancers.
14. To reduce blood cholesterol, people should eat unsaturated fats.
15. When people who have been heavy smokers for many years quit smoking, it does not make any difference to their health.
16. A person who is underweight is more likely to have diabetes than an overweight person.
17. Eating “luncheon meats” such as hot dogs, sausage and salami will raise blood cholesterol levels.
18. People who are overweight should go on crash diets to lose weight as quickly as possible.
19. Another name for high blood pressure is hypertension.
20. It is harmful for a child to touch clothing that has been worn by someone smoking a cigarette.
21. Most high blood pressure is difficult for doctors to treat.
22. People with high blood pressure may need to take medicine for the condition even though they feel well.
23. Cigarette smoking generally does not affect the tiny hair-like cilia that keep the lungs clean.
24. Saturated fats are primarily animal fats such as the fat in meats, eggs, and butter.
25. Excess food, whether fat, protein or carbs, is changed into fat by the body.
26. Three (3) serving of fruit is the recommended minimum.
27. It is generally recommended that people with high blood pressure need to reduce their salt intake.
28. Children watching TV commercials advertising junk food are more likely to want to eat that junk food than kids who do not see those commercials.
29. Regular moderate exercise will make you feel tired throughout the day.
30. How many times a week do you do the following kinds of exercise?

<table>
<thead>
<tr>
<th>Exercise Type</th>
<th>Examples</th>
<th>Times Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strenuous Exercise: (heart beats rapidly)</td>
<td>Like - running, jogging, swimming, baseball, tennis, bicycling up hill</td>
<td>..................</td>
</tr>
<tr>
<td>Moderate Exercise: (not exhausting)</td>
<td>Like - walking, dancing, easy bicycling, easy swimming, housework, golf</td>
<td>..................</td>
</tr>
<tr>
<td>Mild Exercise: (minimal effort)</td>
<td>Like - average walking, slow dancing</td>
<td>..................</td>
</tr>
</tbody>
</table>

31. Whom do you exercise with?

<table>
<thead>
<tr>
<th>Company</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>..........</td>
</tr>
<tr>
<td>With friends</td>
<td>..........</td>
</tr>
<tr>
<td>With a brother or sister</td>
<td>..........</td>
</tr>
<tr>
<td>With father or mother</td>
<td>..........</td>
</tr>
</tbody>
</table>
APPENDIX B

Healthy Wildcats Observations and Journal:

Jan 19th 2010

Reading Seed Session:
Know Your Body Child Questionnaires Administered (Appendix). First 5 min dedicated to building on oral-vocabulary; asking open ended questions about events, family, school etc. “All-Star Game”: read for 15 min and get a star, add stars to get a prize. Out of four books “It’s not easy being a bunny” was chosen most often because “it looks funny”. For our writing activity I had them write an “imaginative story” inside of their “Reading Journals”. Children got very excited about anticipating the order of events correctly when prompted. Most of the children were utilized pictures a lot. One student did well in comprehension but was a poor reader. Another was a good reader but comprehended little.

Week of Jan 26th

Reading Seed Sessions:
Today’s book selections were a compilation of books on different senses (ears, mouth, etc.). Easy read for all. One student was absent due to dentist appointment.

Healthy Lesson: Heart and Exercise

1. Tuesday: Only two students were present (others at dentist app). Brought a life size model of heart and torso to show the anatomy of the heart, taught the basics about heart physiology (hearts are important because they pump oxygen and nutrients to our body through blood), checked each other’s heart rate before and after playing an “active Simon-Say’s” in library (when we exercise our heart pumps faster this makes the heart muscles stronger and gives your body more oxygen and nutrients, keeping your body healthy). We wrote down each other’s ideas of “fun exercises” that make the heart pump harder; yoga, flapping like a bird, hopping, skipping were all suggestions.

2. Thursday: All present. Laminated suggestions from Tues and gave them copies. Children did well to recap lesson on Tues. Had kids choose from our list and each lead in physical activity, lasted 30 min. Asked to present on anatomy of torso to the 2nd and 3rd grade classes in cafeteria. My healthy wildcat’s students were present.

Week of Feb 2nd

Reading Seed Sessions:
Two of the kids not at school today (dentist follow up) and another was absent as well. Read/wrote with the remaining student for 1+ hr. We were inspired to write a letter to a pen pal. Gave her the book we read together.

Healthy Lesson: Healthy Eating

1. Thursday: Three of the four students not present in school. Lesson postponed.

2. Thursday: Hard day, children were difficult to handle. Tried to restore order but should have set “ground rules” before the lesson plan. Mayo Clinic Healthy Weight Pyramid (vegetables and fruits at the bottom, carbohydrates next, protein/dairy next, fats next, sweets last) (http://www.mayoclinic.com/health/medical/IM02793) was drawn and reviewed. Main learning objective: this pyramid is a tool to help you grow healthy. The triangular shape shows you where to focus when selecting healthy foods. Eat more foods from the base of the pyramid and fewer from the top. All foods are ok to eat as a kid because you are growing so fast but some foods should be eaten a lot less and some a lot more. Played a team- categorize/matching game I made up using the “Go, Slow, Whoa” food
Week of Feb 9th

Reading Seed Sessions:

One student was not here today. Had the reading session on the playground and described the idea as “double the fun!”, had each kid read from the top of “most common 1000 words” (in Reading Coach Manual) to the bottom to choose the correct selection of words for the Reading Seed Word Games (see pg 60), children enjoyed competing against themselves, all picked Dr. Seuss books to read- all of the children were more attentive to the book perhaps because of different setting.

Healthy Lesson: Hygiene; Smoking

1. Tuesday: Opened the discussion by asking who in their family is a smoker- all three had at least a “Tia and Tio” who smokes (Aunt and Uncle). Wrote the family members’ names on the board. Anticipating my lecture all three said adamantly shouted that they do not plan to smoke, shaking their head ‘no’ and making a disgusting gesture in their face. Gave each a high five. Asked the children to tell me what body parts are affected by cigarette smoke. They listed (I wrote on board): throat, stomach, mouth, heart, and lungs (in that order). Lectured on what happens to each body part they mentioned (respectively, coughing and cancer, rotten teeth and cancer, stinky and holes in teeth, makes heart beat in a weird way, cancer and can make it hard to breath when playing sports). Two kids ask simultaneously “why do we need to know this?”. (I forgot to give a statement of purpose at the beginning of lecture- they caught me!) Told them that it’s good for you to not want to smoke but I am telling them why smoking is bad for your health because one day you’ll be able to teach someone else what I am telling you. The two that asked were shocked/amazed saying, “really?”. Acted out what “second hand smoke” was by recruiting each of the kids to be actors. I was about to described that breathing in 2nd-hand smoke can lead to coughing, irritation of eyes, headaches/dizziness, and cancer too but I was interrupted by a grandparent checking up on her kid (didn’t get to my point. Disruptions are becoming common in the library- perhaps another setting would be better suited but may intimidate the children). Went on to a create game I named “Kick Butts”: I wrote three ingredients on tobacco smoke on three pieces of paper and under them were things that each ingredient does to the body. Each kid was assigned to one of the ingredients: nicotine (addictive drug, increases heart rate, leads to high blood pressure,) carbon monoxide (poison gas, same stuff that’s in car exhaust, makes the blood lose oxygen, makes you tired) tar (brown, sticky stuff, causes cancer, kills the cells in your throat, makes you cough a lot). I had 6 balloons blown up and gave each kid a little piece of wire. The children were “it” and I was to be “tagged”. Outside, I ran with the balloon high up in the air. When I was tagged, I stopped and the child had to correctly tell me something about their “tobacco ingredient” by referring to their paper. If the statement was correct I would lower the multi-color balloons down for the kid to pop, then I’d run away to be tagged by another kid. The popping of the balloon was an incentive to chase me and read correctly. Each said two things about the ingredient. Children loved the physicality of running around and, of course, the intentional popping of balloons. I would modify the game to not include so much running because one of the children became disheartened toward the end due to a lack of endurance. One girl asked to take the ingredient papers home after the session.

2. Thursday: Brought an apple (two of the children saw it and were dismayed that I wasn’t bringing something more exciting), sliced it in front of them, and had them sprinkle cinnamon powder on the slices. Told the children that this is a sweet snack in which you can eat as much of it as you want. The response was very positive. Kids very excited about the idea, and even more so that they got “to make it”. (One child left for a basketball game at this time. She initially was considering not attending the healthy lesson today and even lied to me that “her sister’s graduation is today”. Not sure where this attitude is coming from since the other kids seem to be having a lot of fun and there does not seem to be any relationship tension among the group). Reviewed last lesson while they snacked: Smoking Effects and Kick
Butts Game. Went through the Smoke-Free Home Kit Pledge by the US Environmental Protection Agency (all free) and told them to tell their mom’s that they have homework to do with you- read the kit and sign the pledge. We colored the smoke-free handout that was inside. The US EPA also gave me a large colorful poster with the kit shipment saying “Smoke-Free Zone” among other things. Children put their names on it, had them sign it, and together we picked an area in front of the school to tape the poster. Kids where very enthusiastic about having others see the poster with their names. Lastly, I pulled out my lap top to quickly lecture them on tips to handling peer pressure to smoke.

(http://pbskids.org/itsmylife/body/smoking/article4.html) I read them three possible responses: 1. The smell of smoke makes me sick and I don’t want to smell like that (several children commented how they liked this one the most) 2. I know someone who died from smoking and I don’t want to do it 3. I’m allergic to smoke. The Children were surprisingly attentive during this part of the Lesson Plan (they usually get anxious to leave towards the end. Perhaps it was my laptop that was distracting). One child asked me to repeat them. I just learned that 3 of the four children live in the same apartment complex. Adrian asked if we can run in the library again.

Week of Feb 16

Reading Seed Session: Word Games and Books of Interest

Healthy Lesson: School Performance, TV Consumption and Home Snacking

Friday: Meet with all three families. Started a little late, 3:20 ended at 4:10pm. One student had another appointment. Set-up: one big table, kids sat in front row, parents in behind table, I stood in front. Used black board to write the following outline: Healthy Wildcats! *My name is Androuw Carrasco *Healthy Wildcats Project: Reading and Health * Mom Questionnaire *Todays Lesson: 1) TV 2) Snacks

Did self introduction, promised to be respectful of time and shoot for 40min max. Told children that if they were attentive during today’s lesson that I had some prizes for them- behavior switched from irritable to focused very quickly. Explained that I chose these family units because single parent, minority households are presented with additional challenges in obtaining health. Told kids that I chose them because “you are smart and good kids”. I asked children to tell me what they have learned from the Program so far as an introduction into the Projects goals. Explained that the questionnaire will be used as an assessment throughout the Program. Body language confirmed that the moms understood. Told them that I will be taking physical measurements as well; one mother said “I hope you’re not taking my weight” and was serious about the comment. She was relieved, and blushing, when I informed her that I was going to take their measurements during an individual meeting with them this weekend (even though I anticipated doing it now). Had moms do questionnaire (they took ~10 minutes). I pulled the kids aside and whispered to them that they would be teaching the next part of the lesson- they were very happy about this. They were even more excited by the fact that their mom’s were “taking a test”. I had each of them come up with a fruit and vegetable that they like and remember it; I asked each child one at a time, this seemed to encourage the others to offer suggestions. Told children that they would stand next to me as “teacher-helpers”, “cool” one kid whispered with a smile. I did blood pressure readings as each mom finished the questionnaire. One mother whose reading was high challenged the accuracy of my measurement . Once mom’s were done testing, kids stood next to me and I asked each child a suggestion for a healthy snack - one was just a little shy to shout the names of the food but the others said their foods proudly (celery, apricot, broccoli, apples, oranges, carrots were said). Told mom’s that getting children to snack on healthy foods takes some creativity to make it appealing to them; “Ants on a Log”, celery with peanut butter and raisons on top, “Apple Cinnamon”, apple slices with cinnamon sprinkled on top, steaming vegetables and adding pepper and spices vs. raw vegetables. Told mom’s that the traditional “Food Pyramid” is no longer recommended- introduced the Mayo Health Clinic Food Pyramid and implications. I specifically said here “this does not mean that you shouldn’t allow you kids to eat any sweets. That’s impossible. It is just recommended for your child’s healthy that they eat sweet occasionally as rewards, and eat a lot more fruit and vegetables. [got a lot of verbal/body language comprehension here] In fact the pyramid is suggesting that the amount of veggies and fruit our child can eat in a day is unlimited. But of course, that would be expensive.” Mom said here, “It’s funny how we have to sacrifice our wallet for health”. Talked about Whole Food’s Market nutrition tour here (we setup which weekend worked best for
everyone after the Lesson). Proceeded to youtube video about the correlation of TV consumption and obesity, ADHD, etc. in children. [http://www.commonsensemedia.org/school-performance-tips](http://www.commonsensemedia.org/school-performance-tips)  

Asked the children what’s the last food commercial they remember- immediately, one girl shouted “Hershey’s chocolate!”- talked about junk food advertisement and vulnerability of children to it. Left them with the following summery points: 1. Research has shown that correlation of TV consumption and bad health  2. kid’s become motionless-zombies in front of TV, 3. for every 1hr in front of TV 1hr should be spent outside, 4. TV time should be a family event, 5. Encouraged children to make a pledge (I used the words “promise on paper”) with their mom on how much TV to watch in a day. (NEED TO BRING SPEAKERS NEXT TIME)

Closing: praised children on coming to the after school Healthy Wildcats Lessons. Offered prizes, Sweet Tomato shirts to moms, Tomato Bean Sacks for kids, $50 for Sweet Tomatoes (told them that ~$150 more will be allotted to them as the Program progresses). “This is awesome!”, one mom said.

Week of Feb 22nd

**Reading Seed Sessions:** find out the kids broad interests and get books in these areas for them to take home.

**Healthy Lesson: Overview**

Thursday: Over view of lesson thus far, lesson named “I Want to be a Fit Kid” (Mary L. Gavin MD; [http://kidshealth.org/kin/stay_healthy/body/fit_kid.html](http://kidshealth.org/kin/stay_healthy/body/fit_kid.html))

- There’s a lot of discussion these days about fit kids. People who care (parents, doctors, teachers, and others) want to know how to help kids be more fit. Being fit is a way of saying a person eats well, gets a lot of physical activity, and has a healthy weight. If you’re fit, your body works well, feels good, and can do all the things you want to do, like run around with your friends. Some steps only parents can take — such as serving healthy meals or deciding to take the family on a nature hike. But kids can take charge, too, when it comes to health.

- Here are five rules to live by, if you’re a kid who wants to be fit. The trick is to follow these rules most of the time, knowing that some days (like your birthday) might call for cake and ice cream
  * eat a variety of foods, especially fruits and vegetables
  * drink milk and water most often
  * listen to your stomach (notice when you body feels full)
  * only watch a little bit of screen TV (games, movies, TV)
  * be active everyday (find out what things you like to do)

- We each went outside and I had each kid lead an “active-game”. “Tell your mom’s that you want to be a fit kid. Ask them to do physical activities with the family.”

Week of March 1st

**Reading Seed Sessions:** Brought books for them from the Reading Seed Organization! Told them that if they read it, they can keep it. They liked the idea. One student was sick at home.

**Healthy Lesson: Exercise**

   a. Weight was important since the day you were born.
   b. Doctor’s like to keep an eye on your weight to make sure you are at a healthy weight because weighing too much or too little can be a problem
   c. Weighing too much can be a problem because it could lead to illness, health problems, you can’t keep up with your friends on the playground, and even teasing by some mean kids- although no one should ever tease you for your weight, those kids are not healthy wildcats like you.
d. “Overweight” = someone who has more body fat than normal. Some is good, too much is bad. Being “overweight” makes your heart work harder, makes you tired while playing with your friends.

e. Our body parts are different sizes. A taller kid for examples naturally could weigh more than a shorter kid and not be overweight. Do the kids BMI on the computer (scale, measurement tape).

http://kidshealth.org/kid/stay_healthy/body/overweight.html

f. Most kids get “overweight” by not getting enough activity and exercise and spending too much time in front of the TV.

g. The best way to keep your weight healthy is to be very active. Your healthy habits — what kind of food you eat and how much you exercise — can make a big difference. So if your dad or mom are overweight that doesn’t mean you have to be too. Just change your health habits!

h. Activity: Here’s a game you can play on the next rainy day. “Kids Olympics!” Long jump with books, One Leg Stand, Ice Skating through the Library

i. You can always ask your parents or a doctor for help in keeping your weight healthy. If you see a doctor they usually have tons of ideas!

The girls were apprehensive to do the weight measurements. When the two girls were told they were “overweight” and “obese” (I used the word “over-weight”) they told me “but I could change that by being healthy” and “that’s mean! that computer is wrong” respectively. The kids are really liking the activity parts. I think this program would be better to have mid day because by the end of the day their minds are in full discharge mode and at times it feels like I am lecturing to a flock of humming birds. One girl however took notice of my patience saying “People listen to you because you’re so nice” - that was nice of her. Used prizes to give to kids who answered questions correctly at the end - this was good, refocused them- but I should have mentioned this incentive at the beginning. BMI and outline extracted from (http://kidshealth.org/kid/exercise/weight/overweight.html) ed. 2008

2. Thursday: It’s Time to Dance! Hawaii Dance Party: Used material from my Resident Assistant Office (Hawaiian skirt, table banner decorations, 8 balloons, a blow-up limbo stick). I used two f the rolling blackboards to make walls that created an enclosed area in the back of the library. Students like that they know where in the library is “their spot”. The decorations excited them though there was not much, just rearranged tables and an open floor space. *I should have introduced the purpose and objectives of this lesson in another part of the library because students were not so attentive with all of the decoration distractions- I forget how much they can lack self-control despite my attempt to maintain it* Described introduction: review of what it was to be overweight, emphasized that there is no one weight number that right for everyone, healthy weight is a range (didn’t really get confirmation of comprehension- should have used other words like, ‘a number that can be between two numbers- a larger one and a smaller one’). When I realized that they were much too preoccupied by the balloons and masks I had every one “huddle together” like a football team and that created complete order (random comments stopped and eyes were on me). I continued to talk, using my index card to guide me, “We learned that the best way to find our healthy weight is to be very active and doing fun exercises”. I continued, “this is an activity that you can do anytime- with yourself, with friends, with family, even when it’s raining outside!- Dance Party!” Turned up the music (I brought my boom-box and speakers- it was very loud in the library. They did not seem at all worried about breaking “quite rules”. Made a small playlist of songs energetic kids would like “I Like to Move It, Move It”- Madagascar; “Boom, Boom, Boom”- Vegan Boys, etc) and the kids immediately started bouncing. As the leader, I was very involved in the dancing myself illustrating different moves- the kids had the instinctive desire to emulate my moves. About ½ a minute into the first song I introduce a “game”, while turning the music down to get their attention. I get more participation when I am consistently modifying the activities on the spot- they like change. Androuw’s Mirror Game- I lead, they copy. Switched to another game “we’re going to take turns wearing these madi gras masks; who ever has it on will have to dance for 30 seconds nonstop to get a point (pointed to their name on the black board)” Had two students go at a time. They liked this too. Introduced the limbo stick- which gave
me an excuse to stop dancing and rest awhile. Kids asked if they can take off their shoes which gave me a sense of how comfortable they were with the activity. Alternated the use of the blow-up limbo stick between limboing and high-hoping with two feet - this took up a good 7 minutes and each kid gave very good effort. When I sensed that they were just about fatiguing from the high-hoping I changed the song and had the Androuw Mirror Game having them also lead while we mimic action - one girl ran through the library, one boy had us do a lot of sport movements (swing of a bat, kick of a soccer ball, shot of a basketball, etc), I suggested crawling on all fours in a circle. The limbo game took the pressure off of me and gave me time to think of what else to do. They seem to warm up to physical games much faster when I start with something really goofy from the gecko.

After about 20 min of non-stop activity I turned off the party and told them the lesson was done. Three of the kids wanted to keep dancing. We left the music on as we helped Mr. Androuw clean up the mess in the library. After the lesson, I overheard one of my girls talk to her mentor saying “I’m overweight” (BMI: 20.8: height 52in, 80lbs, age 10, female). Her brother, also one of my students, say’s to the Mentor “It’s true. But I’m a healthy weight”. “It’s ok though” the girl say’s, “I could change that by being healthy” she said proudly. It seems as though I made some break through this week in communicating the importance of knowing the status of our weight and the autonomy kids have in regulating that weight. Will want to discretely follow up with the girls attitude whose BMI was “over-over weight/obese” (BMI: 23.8: height 57 in, 110 lbs, age 10, female).

Week of March 7

Reading Seed Sessions: Word Game and Imagination Story in Journals: Brought books in the area’s of the kids interest (~5-8 per child). After telling him “if you read the book, you can keep the book” one child suggested that we read during one of the healthy wildcats lessons (he really like the dinosaur and fossil books I brought for him). It was a good idea and I later implemented it. He also said, “I chose this book first (grabbing big book with a lot of pages) because I think I’ll like it, I don’t care if a book has big or small words”. He’s beginning to make big steps in building self-confidence in literacy. One child was unable to join me because the teacher was disciplining her due to “inappropriate behavior in class, acting up”. Teacher was not able to explicitly tell me saying “I’m not suppose to tell you out of confidentiality”. The teacher has a short fuse (I’ve entered the class and caught him yelling a little too much multiple times. He also seems to pick favorites.) and I believe one of my kids is too inquisitive to be treated in the same regard he tries to treat the entire class. This child and I talked after school, before the healthy wildcats session, and she was put into a better mood. I’m noticing that all kids are beginning to take ownership of the book physically while reading and not looking up at me when having trouble with a word but taking a lot more time with the word. One child is proud of her achievements “I’m getting good at reading” she said after beating me at the word game. She is correcting herself when mispronouncing a word and later noticing the incongruent meaning in the sentence.

Healthy Lesson: Healthy Eating

1. Tuesday: Eat like a Pro: Introduced Angela Ruggiero U.S. Olympic Ice Hockey Athlete and read with the kids her “Food Q&A”- http://kidshealth.org/kid/stay_healthy/index.html among sharing her pre-game and snack foods she mentions “treating you body like your dream car- putting only the best fuel in it and taking good care of it”. I challenged the kids to bring a water bottle to school to school every day of the week. What do you, the trees, and a hamster have in common? Give up? You all need water. All living things must have water to survive, whether they get it from a water fountain, a rain cloud, or a little bottle attached to the side of a hamster cage. Half of your body weight is made up of water so it’s really important- especially when it gets warm outside and you’re exercising. Two of the children were proud to have done this. One of the children’s little sister joined us (1st grade I think). The children asked to run in the library as soon as the lesson was over. The two girls chose to write healthy statements on the board instead of running, ‘Healthy Wildcats’, ‘Water’, ‘Health’, ‘Androuw’. I informally asked the girls what they
and their moms were doing that was healthy "I had broccoli with cheese on top for lunch!” said one girl. “I snacked on carrots yesterday” said the other.

2. Thursday: Cutting Back on Fat and Added Sugar! I think I have created the optimal seating arrangement that decreases distraction and increases child interest- a round table, black boards behind me, table between them and me. Lesson adopted by a program (I ordered a free 400pg binder) from the National Institute of Child Health and Human Development (NICHD) called Media-Smart Youth: Eat, Think, and be Active. It’s an after school curriculum with lesson plans. I did lesson 4, activity B, “Cutting Back on Fat and Added Sugar”. Time: ~25 minutes. The objectives: 1) name a couple of foods that are high in fat, 2) name a couple of foods that are high in added sugar, 3) explain the importance to health of reducing intake of fat and added sugar, 4) List ways of reducing fat and added sugar in daily eating. At the end we watch the correlating Media-Smart Youth DV (Segment #6: Eat It Up!) which reinforced the ideas I talked about. The lesson did a good job of incorporating discussion. The kids particularly understood the categories of fat and sugar as described by the lesson: "Visible fat- untrimmed fat on skin of meat...Hidden fat- ice cream, chocolate, (I didn’t think it was appropriate to mention cheese and whole milk here as the lesson suggests because I didn’t want kids to discriminate against those foods)...Added fat- butter on bread, chips” and “Natural sugar- fruit, milk vs Added sugar- soda, candy, some breakfast cereals, ice cream”. I congratulated the kid’s ideas and said “As you can see, many foods are high in fat and added sugar. It’s important to know this and to try to cut back on them. Cutting back on them may seem hard to do at first, but there are many ways to do it. We’re going to play a game that will help us think of ways to cut back on fat and added sugar.” We discussed “choose alternatives, choose smaller amounts, and choose less often” as the 3 important ways to reduce fat and sugar in your food. As you can see, the children had trouble applying the lesson. I don’t think I explained it thoroughly:
   a. Strategies to Reduce Fat and Added Sugar: kids came up with the following
      i. Choclix do not eat lots of it
      ii. Baken and ham eat once in awhile
      iii. Coco puffs have lots of sugar (less of a strategy, but still good)
      iv. Hamburgers have lots of oil
      v. Fruits: they have little sugar
      vi. 1% milk
      vii. Ceros (“Cheerios” instead of sugary cereal)
      viii. Eat haf of meit
      ix. Sher candy (share candy)
      x. Don’t add sugar with pie
      xi. Don’t cook with oil

3. Friday: Meet mothers and children at Whole Food’s Market on Speedway. One mom notified me that she was not able to come last minute because her car broke down which was so unfortunate because the tour was excellent. Below is a script of notes and reactions I took during the ~40min tour led by Ashley (nutritionist) and Sonja (marketing director). The combination of the two were excellent because one brought the science heavy perspective while the other brought the practicality of implementing a nutritious lifestyle. Both engaged the kids curiosity and encouraged kids to answer questions. Mothers were given eco-friendly bags with info on meal planning and healthy eating.
   -Whole Foods Market mission is to bring food to you that is organic, local, and tasty.
   -The tour will be the perimeter of the grocery store: this is the best strategy in shopping for a healthy diet as this region is high in fresh produce and meat.
   -Vegetables and Fruits:
      -Color is fun and helps you diversify your eating
      -What’s “organic”? “healthy?” one kid answered, “that’s one answer”, Ashley replied in agreement. Organic means that the food is more natural (not manipulated by industrial food practices) and is usually much more fresh because it comes from somewhere closer to home.
      -Buying bulk and cooking and freezing food is a better value and time saver
      -Buying foods that are in season will be less expensive and tastier
      -Buying food that is not packaged saves you money (beans, oatmeal, veggies, etc.)
Many organic foods are produced by companies who emphasize fair wages and employee healthy (mom’s seemed curious about this)

- Children were given and tasted many foods to their delight throughout the tour (a tangerine-like fruit, lemon, dried apple slices, miniature bananas, they “got to make almond butter”, soy milk, a probiotic/chunky version of yogurt, and more). One of the tour facilitators opened up a bag of carrots when she found out that the children’s favorite vegetable was a carrot.
- Instead of buying bulk spices, buy only what you may need
- Making your own cereals and oatmeal controls what nutrients and how much sugar you eat

*control of ingredient makeup in food was a big emphasis. Kid’s loved this idea and mom’s seemed intrigued by the radical notion that Oatmeal doesn’t have to come from Quaker and peanuts don’t have to come from Planter’s peanuts in a can.

*finding food alternatives was also emphasized (beans and pretend-meats instead of meats, milks from different sources) by sending the message “Try something new every once and awhile!”

*When passing through the seafood section one child points out that her mom does not cook fish or shrimp because her mom does not like it. This same mom was also hesitant in trying the different foods that were being offered to us (soy milks, yogurts). This same mom did mention she likes alternative meats.

*When we finally did walk through the can isle the parents were pointing out to their children certain can foods they cook with. They did this as if they were surprised this store, which emphasizes a healthy diet, would carry certain products they were familiar with.

- At the deli, when families tried the “vegan curry chicken” and other mix dishes the kids enjoyed them greatly, even requesting more taste testers. It was really cool to see one child munching on a grilled pepper and the other enjoying a greek cheese and lentil salad mix.

  Tip: use spray oil instead of from a bottle in order to limit your use when cooking.
  Tip: use can broth instead of oil when cooking
  Tip: sneak in vegetables in your fruit smoothies and build our children’s tolerance this way

*The families seemed somewhat enlightened after the tour and very appreciative. After I talked with the Tour coordinators, one child was pleased to let me know that her mom was buying her a fruit lollipop. Excellent experience for both age groups.

Week of March 23rd

**Reading Seed Sessions:** Open dialogue has become very easy now: students give me more description than they use to (sign of relationship building and vocabulary enhancing). The girls are very proud to announce the progress on their chapter books. Reading time has been going increasingly well for all the children. There is more ownership of the book, less looking up at me for pronunciation of words, more use of the finger, and more animation in the story. Story Time in Journals: We revisited creative story making only this time we shared the creativity: a sentence at a time we would trade off the pen to write one, synchronized story plot (~10 sentences). Then child re-reads the story to me. The children like this activity. They are also very “in tune” to it. They are still reading (and getting to keep) the pile of books I brought for their individual interest.

**Healthy Lesson: Exercise:** How to make Exercise Easy to Do!

1. Who has a bike? (all kids raise their hand) Maybe you’ve always wanted to bike to school. This is a great idea! And it’s great exercise too. But maybe you live too far away. That’s something that makes it hard to be physically active. Maybe some of you live close enough to walk, that makes it easy for you to do. Do you think your mom would let you walk to school? (half said yes) Today we’re going to do activities that help you think about the things you do in your own lives that make it easy to be physically active every day.
a. For each statement, ASK youth to jump to their feet if they agree with the statement. Ask youth to sit down before moving on the next statement (students refocused here):
   i. Everyone who thinks it’s easy to be physically active every day
   ii. Everyone who thinks it’s hard to be physically active every day
   iii. Everyone who wants to be physically active every day
   iv. Everyone who plans to be physically active every day
b. Who is a student, raise your hand! All students can play this game no matter what age. Me too! Play the Wacky Walk Game: Walk through the school hall ways, every time you take the stairs run up them, zigzag through the halls, walk sideways through other halls, stand on your toes for three steps then on your heels for three steps then do over, hip-hop walk, duck it, etc. (I made the mistake of trying to give the kids too much autonomy and thought they could take turns leading a line. This activity was not very effective. The boys did not listen to my instruction and were disruptive to my guidelines. After disciplining I directed the group back to the library.)
c. What are some other ideas of how to make physical activity easy every day? (Two said “dancing” and one said “exercise”. They missed the point that I failed to guide them to. I believe that the prior activity was too energetic and without enough purpose for them to understand the message I was trying to introduce.) I tried to GUIDE youth with the following: Have a dog that needs to be walked every day. Playing on a softball team with friends. Have your mom play with you. Listen to music that makes me want to dance.

2. Thursday: Let’s Do Yoga (15 min video on the Media Smart Youth DVD) and then play the Human Knot Game. Sometimes when we try to be active at home, it’s sometimes hard to do (too hot outside, its night time, etc). With a little planning, I’m going to teach you something you can do almost anywhere at home! (The children liked the yoga video very much. One boy could not perform the cow and cat position without lumbar region hurting. This seemed odd given how flexible the other children were. The Human Knot game was hard for them to grasp at first and the boys did not like touching the girls. I would not recommend this game at this age group in the future.)

Week of March 30th
Reading Seed Sessions: Journal Time (What I Wish I Could Do on Spring Break) and Reading - reading of each has improved. Excited to see what their test scores will be in relation to the other children of their class.

Healthy Lesson: School Performance

1. Tuesday: Opened the lesson by having the kids play an eye-hand coordination game. “This is a drawing of a muscle” I say. “It looks like a brain” one said. Main message: Reading is like exercise for the Brain!! You have to keep it healthy just like you keep your muscles- by feeding it good food and exercising. The children didn’t debate this point. We went straight into reading. The children were very attentive to me reading to them, and comprehension level (checked during and after story) was good for all of them. I thought that they would take advantage of being more distracted with each other but the opposite was true- very focused on me. I stood in front of the table; girls chose to sit in chairs, boys decided to lay on table. I read 3 stories, all on virtues. I told them to pay attention to what all three short stories had in common.

2. Thursday: No School, Spring Break for them

Week of April 6th
Reading Seed Sessions:
Healthy Lesson: Healthy Eating

1. Tuesday: Fruit and Veggie Snack Tag (Opening Fact: Which is better for you? White Bread or Whole-Grain Bread? Eat more whole-grain foods each day! Make your next sandwich with whole-grain bread. Hurray for Whole Grains! We’re going to go teach what we learned today to 3 kids each after today’s lesson for a prize: a book for each of you!)
a. Who has ever heard of this before, “No snacking between meals!” (Some did) The truth is that snacks can be perfectly healthy for kids. What’s not healthy is snacking so much that you’re never hungry at mealtimes. But the right snack at the right time, is just what a kid needs. Kids need to refuel their bodies more than three times a day, especially when they’re really active. Like us- Healthy Wildcats! Asked kids to make up some “Snack Rules” and wrote them, I GUIDED: only eat if you’re hungry (one child gave us an anecdote of this) don’t eat when watching TV (we talked about why; they were able to reiterate my explanation- ‘you don’t pay attention to how much you’re eating’), snack on fruits and veggies (we revisited the food pyramid). Some great choices include fruit, nuts, yogurt, cut-up veggies, peanut butter crackers, cheese, or a piece of whole-grain bread.

b. The game: like normal freeze tag but the person that is “IT” asks the frozen participant to name either a fruit or a vegetable. If the youth responds immediately with the name of a type of fruit or veggie that has not been used yet, then they get to return to the game- if not, they remain frozen. Play continues until all participants are frozen. LETS REVIEW THE NAMES OF FRUITS AND VEGETABLES AND WHAT THEY LOOK LIKE before playing (Every time I opened a book with pictures they immediately went to the words and started reading them; not what I had in mind, I was just thinking we would simply look at pictures but this was good too!) The game went well, they said a variety of food items.

2. Thursday: Bully Prevention (Pieces adopted from “Stop Bullying Now” website)

a. What is Bullying? (ASK) Physical aggression: (they came up with kicking, punching) Verbal aggression: (bad words, teasing); Exclusion from activities: I helped them with this one "No one play with Mary;" "No one wants to play with him;" "Don’t be her friend."

b. Have you heard of the advice about ‘telling the bully to stop’, ‘just walk away’; ‘don’t let it bother you’. (One child anticipated my follow up, “that doesn’t work”)

c. Bullies like what they do which makes them stubborn.

d. Who has the power to stop the bully? (students were correct with their suggestion and I helped classify them) The adults at the school and the bystanders (I drew a picture of their class to put the number of bystanders into perspective- I said 3-4 kids were bullies in their class)

e. What can Bystanders do best? 1) Act and 2) Be a Friend (We did a skit to understand the steps to take, they liked it and when asked “What does doing nothing do to the problem” they responded “make it worse!”. They all developed anxious-looking stares at me when I told them that doing nothing makes the bullies be meaner and they also may come after you)

i. Get help for the target by telling adults and then being willing to be honest witnesses if the bully says he or she didn’t do it. And the adults should know that it is their job to protect you when you do that.

ii. And be a friend to the target, either while it’s happening (Say to the target: “the science teacher is looking for you” or in some other way help the target get away from the bully) , or later (Sit or walk with the target, be his or her friend, and help her connect with others).

iii. Bystanders can also refuse to go along with rumors, excluding, and other kinds of bullying. There is no need to confront the bully (though if he or she is a good friend of yours you could tell the bully to cut it out). The main thing is not to spread the rumor any further or otherwise join in the bullying.

f. Our active activity was: Wall Sits. They liked this game a lot.

g. I gave students a going away gift (donated from Reading Seed, of course), a chapter book with pictures (they really liked getting these books because we read short stories individually; two kids told me, “I could read this with my mom”)

h. I had students sign my “yearbook”, a new toilet seat that I got from a friend (kids liked signing it)

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Week of April: 13th (AIMS TESTING WEEK FOR THE KIDS- NO READING SESSIONS! 13th, 14th, 15th. Get Kids Quest. Done on Monday. ) Dibels Test on the week of the 26th ***For the last two weeks of april I will be doing no health lessons, only reading seed sessions individually as before
Saturday Morning April 17th: Family Park Day. I brought a white board and an anatomy book. 1 out of the 3 families was unable to show up. Families brought fruit and veggie platters. One mom bought me a really nice planner as a gift! The kids made a card for me.

1. The family activity: Since video games, television and the internet consume so much of our children’s time these days, spending time outdoors will come as a welcomed change of pace for everyone. Let’s do something you can do with the family at the park.
   a. Follow the Leader Game: went up and down the slide, across the monkey bars, climbed a tree (moms had a hard time with this one). As we were playing I emphasized to the mom the importance of supporting your children by leading.
   b. Sticks and Stones Game: kids liked the simplicity of this game. Two lines of people, no more than 5 feet of separation; one line are the rocks and the other are sticks. When facilitator yells “sticks!” the sticks sprint to a tree or other object behind them. The “stones” goal is to tag the sticks before they get to their object. All players must listen intently to what the facilitator yells.

2. Mom’s Lesson

High Blood Pressure: Overview: “Hypertension” is a disorder characterized by chronically high blood pressure (140/90). Significance of readings: top/systolic/pressure in BV when heart is contracting. Bottom/diastolic/pressure in BV when relaxed heart.

   a. Symptoms: most of the time there are none which is why it is so important for your BP to be monitored. However, on some rare cases symptoms include severe headaches, irregular heartbeats, and vision problems.

   b. Treatment: the goal of treatment is to lower and control your BP by medication, lifestyle changes, or a combination of both. Often, a single blood pressure drug may not be enough to control your blood pressure, and you may need to take two or more drugs. Most of the time, high blood pressure can be controlled with medicine and lifestyle changes. If left untreated, certain organs in the body can be hurt like the kidneys.

   c. Causes: High blood pressure can affect all types of people. You have a higher risk of high blood pressure if you have a family history of the disease (several mom’s nodded their heads). High blood pressure is more common in African Americans than Caucasians. Smoking, obesity, and diabetes are all risk factors for hypertension. Most of the time, no cause is identified.

   d. Prevention: Lifestyle changes may help control your blood pressure:
      i. Lose weight if you are overweight. Excess weight adds to strain on the heart. In some cases, weight loss may be the only treatment needed.
      ii. Exercise regularly. If possible, exercise for 30 minutes on most days.
      iii. Eat a diet rich in fruits, vegetables, and low-fat dairy products while reducing total and saturated fat intake.
      iv. Avoid smoking.

Fats: We have learned and heard how important diet is in managing a healthy heart. We have also learned that how we cook makes a difference. But so does what we choose to buy at the grocery store.

   a. Saturated Fat- mostly animal fats; fat in meats, in eggs, and butter.
   b. Unsaturated (Polysaturated /Monosaturated)- nuts, avocado, plant-based oils like olive oil. (I drew a picture of what the fats look like and tried to explain the very different chemical structures of the fats. The moms seemed to appreciate this.)
c. Recommendations: Stay away from butter (high in cholesterol and saturated fat) when cooking rice or beans. Use canola, safflower, sunflower or olive oil when cooking beans, eggs, or rice AND only use a very minimal amount. Look for “0 trans fat” and “0 sat fat” objects (I brought some can objects that had varying amounts of fat). Limit fried fast food, which is cooked with commercial shortening and deep-frying fats that contain a lot of saturated fat and trans fat. Proverbs 10:4 “Lazy hands make a man poor, but diligent hands bring wealth”. This lead to a discussion about God. It was nice.

3rd Hand Smoke- it IS harmful for a child to touch clothing that has been worn by someone smoking a cigarette. (I printed copies of an article on the matter for the moms to take home.) Proverbs 10:12 “Hatred stirs up dissension, but love covers all wrongs”

3. Family Meeting (at this time one family had to leave to do an errand. I had some close-end questions prepared to ask but thought it best to just ask the one family that was still present open-ended questions)
   a. Challenges and Barriers (expense and time)

   What were especially difficult tasks in staying healthy during the program: “All the fat foods are the cheaper foods” “It’s just hard to buy healthy foods because they’re expensive” “I cook 5 days out of the week and we usually eat out on the weekends for dinner- we like Chinese”

   The mom did not mention time or work commitments as challenges, even when I suggested the possibility.

   b. Likes and Dislikes of Program

   Getting constructive criticism from the moms or 2 kids that were there was very difficult. “I really liked the fruit games we played” one girl said “I liked the reading parts the best” the boy said.

   “I kept my exercise card”

   If I had included a nutritionist in the program, what would you like for them to teach you? “How to cook healthy with stuff that you already have in the house and without weird ingredients” Would you be ok with letting a nutritionist look in your kitchen and teach you some techniques? “yes”

4. Last word: Health is Holistic
   a. Role-Model: It is nearly impossible for your children to change into healthy habits if the rest of the family does not. A child will not have 1 soda a week when you keep 2-liter bottles of Coke and Sprite in the fridge. I child will not go play outside, if the first thing you doing on Saturday morning is turn on the T.V. What kinds of cereal are you eating, how are you spending Saturday mornings? Proverbs 10:17 “He who heeds discipline shows the way of life, but whoever ignores correction leads others astray”

   i. Parenting: Kids can change their health and education habits very well as long they don’t see it as a punishment. If you explain to your children that by eating better and exercising more and watching less TV, they will have more stamina to play sports and will take fewer trips to the doctor, your children may embrace your healthy lifestyle plan.


English: [http://www.commonsensemedia.org/sites/default/files/pdf/Common%20Sense%20Tip%20Sheet%20School%20Performance.pdf](http://www.commonsensemedia.org/sites/default/files/pdf/Common%20Sense%20Tip%20Sheet%20School%20Performance.pdf) Put TV in a central place, make TV a family experience. Make a “No Media” rule, none during dinner, before bedtime, while doing homework. Introduce the “Sunny Day Rule” sheets. You don’t have to think up what your child should do. That’s the whole point. Don’t bother thinking up anything. Let your child do it. In this case, doing less is really doing a whole lot more.
ii. Don’t bribe kids to eat healthy food with desserts and don’t make your child “clean the plate” (mom was genuinely surprised by this recommendation). Explain why these practices manifest bad ideas. Encourage families to eat together- a meal shared by the whole family is more likely to be more nutritious.

b. Activity: Regular physical activity is enormously beneficial for you and your kids- regular physical activity may help delay or prevent a heart attack, stroke, and bone disease like osteoporosis. Physical activity as schools is very poor (the older family members that came agreed). Doing something fun helps make it easy to be physically active- do this with your family. Perhaps dancing to your child’s favorite music for half an hour before dinner.

i. Examples of Physical Activities to do with Your Kids: Build your own Stonehenge, Take your camera for a Walk, Family Gardening...

I gave gift cards and books and other goodies donated by the Reading Seed to the families as “awards”.

This is the end of the journal
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Single-Parents were mostly mom’s in the U.S. in 2006 http://www.census.gov/apsd/techdoc/cps/cpsmar06.pdf


TUSD- Dibels: Dynamic Indicators of Basic Early Literacy Skills (DIBELS) are a set of standardized, individually administered measures (tests) of early literacy development. http://www.tusd1.org/resources/literacy/dibels.asp


