After School Program to Help Prevent Childhood Obesity

Pilot Program for After School Program at New Brunswick High School
Concentrated on Preventing and Treating Childhood Obesity Through Exercise And Other Activities.

Tag Words: Childhood Obesity, overweight, BMI, Type II Diabetes, physical inactivity, depression.

Authors: Alexandra Sielaff, Elissa Nagy, & Kevin Faldu with Julie M. Fagan, Ph.D.

Summary (Elissa)

Childhood Obesity is a growing epidemic in the United States and around the world. Over the past thirty years, prevalence of obesity in children ages 12-17 has tripled from 5% to 17%. Through a study conducted by the CDC, it has been found that 80% of obese 10-15 year olds remain obese into adulthood. The risk factors of obesity are numerous including diabetes, sleep disorders, depression, and behavioral and learning problems. We are proposing a pilot program that will run for six weeks in the Fall of 2010. The goal of this after school program will be to help New Brunswick High School students live more active and healthier lives.
The Issue: Childhood Obesity

Definition of Childhood Obesity (Alex):
A child is obese when their weight is above the normal weight for other children their age and declared obese when their weight is greater than 30% of BMI. Obesity is defined as a body mass index (BMI) of 30 or greater. A child is overweight if their BMI is between 25-30.

Facts & Statistics Concerning Child Obesity (Alex, Elissa, Kevin):
According to the Obesity Epidemic, obesity is the fastest-growing cause of illness and death in the United States. In fact, more than 300,000 deaths annually are linked to obesity. In addition, each year consumers spend over 34 million dollars on diet programs, hoping that it will help them lose weight. Over a lifetime, those unwanted pounds can lead to more visits to the doctor, more time in the hospital, and more medicines being taken. Clearly, obesity is a problem that is preventing many people in our country from living long and healthy lives.

According to the Center of Disease Control (CDC), the prevalence of obesity has steadily increased from 1976 to 2006. The prevalence increased from 5.0% to 12.4% for children aged 6-11 years, from 6.5% to 17.0% for those aged 12-19 years, and from 5.0% to 17.6% for children aged 2-5 years. According to the CDC, 80% of children who were overweight at aged 10-15 years were obese adults at age 25 years. If a child is obese before the age of 8, they are more likely to remain obese through adulthood.
age of 8, obesity in adulthood is more likely to be more severe.

**Risk Factors (Elissa):**
Many factors contribute to adolescents becoming obese. First, genetics plays a major role in a person’s obesity risks because it determines how efficiently your body turns food into energy and the amount of fat your body stores. Family history also affects these risks. Children learn many of their eating habits, lifestyle choices, and amount of daily activity levels from parents or older siblings. In fact, studies have show if a child has one or more obese parents, their risk of being obese increase drastically. It is important to education adolescents about ways to prevent obesity. Due to hormone changes during puberty, the risk of obesity increases greatly. On top of this, as people age their amount of muscle decreases leading to a decrease in metabolism.

Social and Economic environments also have a huge effect on a child or adolescents obesity risks. Lack of safe areas to play coupled with lack of nutritious foods such as fresh fruits and vegetables are leading causes of obesity. Also, working random shifts, especially night shifts, increase these risks. Race also plays a major part in obesity risks. There is a higher incidence of obesity among certain races or ethnic groups. In the U.S., obesity affects 66% of middle-aged black women and 68% of Mexican American women, compared with 45% of white women.

**Complications (Alex):**
Obese and overweight children can result in serious complications affecting a child’s life physically, emotionally, and socially.

**Physical Complications:**
- **Type II Diabetes** - It is increasingly being reported that children who are obese end up having Type II Diabetes. Type II Diabetes is a chronic condition that affects the way a child's body metabolizes glucose. Type II Diabetes is the result of a poor diet (a risk factor for obesity), but can be reversed by diet and exercise. Onset of diabetes in children and adolescents can result in advanced complications such as cardiovascular disease and kidney failure.
- **Metabolic Syndrome** - Isn’t a single disease or condition but a multitude of serious medical conditions that can put children and adolescents at risk of developing heart disease, diabetes or other health problems. This cluster of conditions includes high blood pressure, high blood sugar, high cholesterol and excess abdominal fat.
- **High Cholesterol** - Many obese children end up with high cholesterol which is a risk factor for cardiovascular disease (CVD). High cholesterol is when LDL (bad cholesterol) levels are high and HDL (good cholesterol) levels are low. Being overweight and obese results in elevated LDL-cholesterol levels go up and HDL level go down.
- **High Blood Pressure** - Obese children are at risk for high blood pressure, which is a risk factor for cardiovascular disease (CVD). High blood pressure or Hypertension is diagnosed when systolic pressure is over 140 and diastolic pressure is over 90.
- **Asthma** - Asthma is chronic inflammation of the lungs in which the airways are reversibly narrowed causing breathing difficulty. The extra weight of an obese child developmental problems and health problems of the child’s lungs. New research shows that people who are obese (BMI > 30) who have asthma are nearly five times more likely to be hospitalized for the problem and to have lower quality of life and worse control of the disease than those with asthma who are of normal weight.
- **Sleep Disorders** - Sleep disorders are less common in children and adolescents but are still
considered a complication that many obese children have. One of the more common disorders is Sleep Apnea which is a sleep-associated breathing disorder defined as the cessation of breathing during sleep that lasts for at least 10 seconds. This results in loud snoring and labored breathing. In a recent study it showed that sleep apnea occurs in about 7% of obese children.

*Early Menarche-* Childhood obesity in females is linked with early onset of menarche in girls. Carrying excess weight triggers the early release of hormones causing girls to get their periods at very early ages.

*Hepatic steatosis-* Also called fatty liver disease, it is the fatty degeneration of the liver caused by a high concentration of liver enzymes which is the result of excess weight. Weight reduction causes liver enzymes to normalize.

*Emotional and Social Complications*

- **Bullying**- Obese children and adolescents are targets of early and systematic social discrimination and targets of bullies. Other children often tease and bully overweight and obese peers. This results in low self-esteem and depression.
- **Low Self-Esteem**- The psychological stress of social stigmatization can cause low self-esteem, which then puts the child at risk for depression. Obese children also have poor body image as early as age 14. Children with low self-esteem feel as if they have lost their sense of worth and are gripped with feelings of sadness, loneliness, and nervous pangs. Low self-esteem and depression results in risky behaviors such as alcohol and drugs.
- **Behavior & Learning Problems**- Children who are overweight tend to suffer from anxiety resulting in a lack of social skills. This can result in two different behavior patterns. Obese children either act out and are disruptive in school or they may withdraw socially. All of this results in a declining academic performance in obese children.
- **Depression**- Low self-esteem can create overwhelming feelings of hopelessness in some overweight/obese children and adolescents. When children and adolescents lose hope that their lives will improve, they may become depressed. Once depressed these children sleep more and cry more. They try to hide their emotions and appear emotionally flat instead. Depression is a serious condition that should be immediately addressed.

*Contributing Factors (Alex):*

America has become what the CDC has coined 'obesogenic,' characterized by environments that promote increased food intake, unhealthy foods, and physical inactivity. Childhood obesity is the imbalance between the calories a child consumes as food and beverages and the calories a child uses to support normal growth and development, metabolism, and physical activity. causes of childhood obesity will not come as a surprise to many. Increases in fast food consumption, snacking, television watching, and computer/video gaming are certainly contributors to this epidemic. Surprisingly, there are many other factors that increase the cause of this disease including poverty, parental neglect, baby formula, stress, lack of vitamin D in the diet, and race and ethnicity.

*Nutrition & Eating Habits (Alex)*

The eating patterns and consumption of children and adolescents are attributing to growing number of childhood obesity cases. Overall intake keeps increasing as calorie consumption remains high and snacking on energy-dense foods also proportion sizes keep growing and as more frequently. America has become a country of convenience. e intake keeps increasing result daily calori
Instead of home cooked meals, parents are resorting to fast food or frozen pre-made dinners. Both of these options are high calorie, high carbohydrate, and high sodium meals that are generally unhealthy and lack the required nutrients that children and adolescents require. Below are trends in the eating habits of today’s children and adolescents.

Studies indicate that children are not eating the recommended servings of foods featured in the USDA food pyramid. According to the United States Department of Health & Human Services, only 21 percent of children and adolescents eat the recommended five or more servings of fruits and vegetables each day. At least half of the consumption of vegetables comes from fried potatoes which are high fat, high calorie, and high carbohydrates. Milk consumption is down and in its place kids are drinking soda, and other sweetened beverages.

Physical Inactivity (Alex, Kevin, Elissa):
Overall children are spending less time being physically active than ever before. This includes activity within a school setting and the home setting. At school, according to the CDC daily participation in school physical education among adolescents dropped 14 percent over the last 13 years. That is from 42% in 1991 to 28% in 2003. These numbers keep dropping as more and more schools cut physical education classes out of the school day to save money and focus more time on math and sciences. It has also been found that, less than one-third (28%) of high school students meet currently recommended levels of physical activity.

At home, the situation is not any better. According to Kids Health, “Kids younger than six spend an average of two hours a day in front of a screen, mostly watching TV, DVDs, or videos. Children and adolescents have become sedentary, in other words they are couch potatoes. They spend their time watching TV, playing video or computer games, interacting on social networks such as MySpace and Facebook, or on online chatting programs such as AOL. According to a recent study, children and teens spend almost four hours a day watching TV. Their time spent in
front of a screen bumps-up to five and a half hours when computer use and video games are included. Several recent studies show a positive association with between time spent on media and the increasing prevalence of childhood obesity. The excess media use is displacing time that could be spent being physically active, is contributing to the excess snacking and increased calorie consumption, influencing children’s choice to eat unhealthy snacks through advertisements, and lowering children’s metabolic rate. All of the things listed are contributing to obesity.

Environmental and Ethnical Aspect (Elissa):
Because of the demographics of New Brunswick, there are a few key issues leading to an increasing number of obese children. First is a lack of availability of safe play areas. Children can also be prevented from playing outside by the fact that they come home to an empty house, so they instead snack and watch TV. It has also been found that low income mothers find it “emotionally difficult” to say no to their children when they ask for food. Also, malnourished children show changes in metabolic break down and storage of food, often proportionally storing more fat than protein when nourishment is next available. Areas affected by these debilitating factors have come to be known as “obesogenic” environments. As shown in the table below, there is a clear correlation between ethnicity and percent of overweight individuals. The environment factor also plays into these statistics. African-American and Hispanic individuals tend to live in “obesogenic” environments.

Figure 4. Prevalence of Overweight Individuals in USA (Whitehead)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Prevalence</th>
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</thead>
<tbody>
<tr>
<td>Non-hispanic African American</td>
<td>45.5%</td>
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<tr>
<td>Hispanic</td>
<td>43%</td>
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<tr>
<td>Non-hispanic White</td>
<td>22%</td>
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<tr>
<td>Indian/Native American</td>
<td>39%</td>
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</table>

Exercise and Intelligence (Kevin):
Physical activity and exercise is the best way to stimulate the mind and leaning curve. According to Edutopia, studies show that children perform better after a physical activity. “Researchers found that children ages 7-11 who exercised for 40 minutes daily after school had greater academic improvement than same-aged kids who worked out for just 20 minutes (Richardson). This was also proven with mathematics when a teacher assigned his troubling math students to have some sort of physical activity before class. Results show, “exercising students increased their math test scores by 20.4 percent, while the rest gained 3.9 percent” (Richardson). The professor said that it did not matter if they exercise in the morning or afternoon, but just as long as they did right before class.

Weight Loss Facts (Elissa and Kevin):
- A pound of fat contains roughly 3,500 calories
- A person burns 50 calories an hour by simply breathing
- According to IOM, 60 minutes of exercise at a moderate intensity suffice for the majority of people seeking to manage their weight.

Figure 5. Amount of Calories Burned for Certain Activities (Calories)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount of Calories Burned in 1 Hour</th>
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</thead>
<tbody>
<tr>
<td>Basketball (General)</td>
<td>422 Calories</td>
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<tr>
<td>Activity</td>
<td>Calories</td>
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<tr>
<td>----------------------------------</td>
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</tr>
<tr>
<td>Bicycling (Moderate Effort)</td>
<td>563</td>
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<tr>
<td>Circuit Training</td>
<td>563</td>
</tr>
<tr>
<td>Dancing (Aerobic)</td>
<td>433</td>
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<tr>
<td>Rope Jumping (Moderate)</td>
<td>704</td>
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<tr>
<td>Running (8 minute mile)</td>
<td>880</td>
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<tr>
<td>Soccer (General)</td>
<td>493</td>
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<tr>
<td>Volley Ball (Indoor)</td>
<td>281</td>
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<tr>
<td>Weight lighting (Moderate)</td>
<td>211</td>
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</tbody>
</table>

Some suggestions by AACAP to control obesity in adolescents:

- Start a weight-management program.
- Change eating habits: eat slowly, practice portion control, develop a routine.
- Plan family meals and make better food selections: eat less fatty foods, avoid fast foods.
- Increase physical activity
- Know what your child eats at school
- Do not use food as a reward
- Limit snacking
- Attend a support group (e.g., Overeaters Anonymous)

**Model of Success (Kevin):**

The United Way is working together with the National Football League and something they like to call KIDS GET FIT! This is a program that they have created resources for parents and help kids make positive and nutritional and behavioral choices (Kids Get Fit). Two of their biggest programs are HOPSports and Hometown Huddle. These programs include hands on volunteering for a day called the Amazing race reaching out to elementary schools and also the Lions Den. One example is how the Lions Den is a safe place where children can go to finish homework or workout with the Detroit Lions (Kids Get Fit).

**The Service Project (Elissa, Alex):**

We will be initiating a pilot program in New Brunswick High School that helps to meet the physical fitness needs of local teenagers. The program will run for six weeks from September 14, 2010 to October 30, 2010. The program will be held Monday through Thursday on the outside fields and gym areas of the school. The program will only be held if weather cooperates. If it rains the program will be canceled for the day. The session will last from 2:45-4:00 p.m. Volunteers from Rutgers University, undergraduate and graduate students in the subject of exercise science, will supervise the activities. The Rutgers students may use the hours as volunteer hours, which are required for future schooling and some jobs.

To promote the program, we will be attending a PTA meeting on April 27, 2010 to present this idea as a possible addition to the current after school programs offered. We first contacted Ms. Copeland, the PTA President who informed us we had to have our project approved by the Superintendent before doing a presentation at a meeting. We then contacted Superintendent Richard Kaplan’s office and submitted a one page summary of our project for approval on April 19, 2010. The letter submitted can be found below on page 11. We received a return email on April 20, 2010 stating that our project was not going to be approved at this time. After further
investigation, we determined that the project could not be approved due to sheer volume or requests.

*Activities:*  
Depending on the amount of volunteers, the high school students will be able to choose which activity they would like to participate in, or they may choose to participate in a variety of activities throughout each workout period.

Basketball sessions will start with a quick tutorial and review of the game of basketball and rules of the game. Then the group will be split into two groups, male and female. Drills supervised by Rutgers volunteers will help the adolescents improve their basketball skills. The session will end with a thirty-minute basketball game for each gender group.

Soccer sessions will also start with a quick tutorial and review of the game and its rules. The group will then be split into two groups of males and females and will complete a few soccer drills. The session will end with a soccer game.

Aerobics sessions will offer different types of aerobics classes each week. Hip-hop aerobics, step aerobics, and kickboxing classes will alternate over the six weeks depending on availability for instructors. Rutgers students will teach the class. Any extra equipment needed will be borrowed from Rutgers Athletics department. The classes will last forty-five minutes with 5 minute stretching sessions at the beginning and end of the session. Also students will be given the option to run or walk on the track if available or do laps around the school if the track is unavailable.

When the weight room is available, weight-training sessions will be offered to the students. Weight training sessions will consist of circuit weight training. Groups of students will rotate through different machines. Each day they will alternate between core, upper body, and lower body. Before the start of the weight training session they will start with a ten-minute stretching session. Rutgers volunteers will be set-up around the weight room to teach proper lifting techniques, act as spotters and supervise the students. Below is a break down of machines; this will be provided to the students so that they may get a better understanding of each machine and the part of the body it works. On days the weight room is unavailable, bands will be provided for those who want to do some resistance training.

- **Low Row/Row**

  **CORE**
  - Abdomen
    - Bent knee Sit up
    - Abdominal Crunch
    - Abdominal Machine
  - Back
    - Lat Pull Down
    - Seated Row
    - Back Extension
  - Chest
    - Vertical Chest Press

  **LOWER BODY**
  - Calves
  - Standing Calf (heel) Raise
  - Seated Calf (heel) Raise
  - Hip & Thigh
  - Leg Press
  - Leg Extension
  - Seated Leg Curl
  - Hip Abduction
  - Hip Adduction

  **UPPER BODY**
  - Deltoids
    - Lateral Raise
    - Fly/rear Delt
    - Overhead Press
    - Triceps
    - Tricep Push Down
    - Tricep Pull Down
    - Other
    - Arm Extension
    - Arm Curl

In order that the students may keep track of their activity, work out logs will be handed to the students. Below is a sample activity log.

Exercise Tracker
NAME:

<table>
<thead>
<tr>
<th>Equipment/Exercise</th>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
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<th>Time</th>
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<tbody>
<tr>
<td>Running</td>
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<tr>
<td>Walking</td>
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<tr>
<td>Basketball</td>
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<td>Soccer</td>
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<td>Other</td>
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<td>Cool Down</td>
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<tr>
<td>Lower Body</td>
<td>Date</td>
<td>Lbs.</td>
<td>Sets/Reps</td>
<td>Date</td>
<td>Lbs.</td>
<td>Sets/Reps</td>
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<tr>
<td>Leg Press</td>
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<tr>
<td>Seated Leg Curl</td>
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<td>Leg Extension</td>
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<td>Hip Abduction</td>
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<td>Hip Adduction</td>
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<td>Upper Body</td>
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<td>Sets/Reps</td>
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<td>Lbs.</td>
<td>Sets/Reps</td>
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<td>Arm Extension</td>
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<td>Arm Curl</td>
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<td>Tricep Pushdown</td>
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<td>Fly</td>
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<td>Rear</td>
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<td>Overhead Press</td>
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<td>Lateral Raise</td>
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<td>Chest Press</td>
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<td>Assisted Chin Ups</td>
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<td>Core</td>
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<td>Sets/Reps</td>
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<td>Lat Pull Down</td>
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<td>Abdominal Machine</td>
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<td>Back Extension</td>
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<td>Pull Down Machine</td>
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<td>Low Row</td>
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<td>Row</td>
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<td>Stretching</td>
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Volunteers:

Rutgers University student volunteers will be recruited primarily from the Exercise Science Major. Flyers will be distributed at classes and posted at bus stops and Rutgers buildings. A small presentation will also be done at an Exercise Science and Sports Management Club meeting. This will be an opportunity for Exercise Science students to fulfill their internship requirement senior year. If addition volunteers are needed we will open the opportunity up to the
whole campus. We will require students to volunteer a minimum of two days a week for the six-week period. The goal will be to have 15-20 student volunteers each day.

**Supplies:**

Supplies will be borrowed from the gym supplies the school already has as much as possible. If more or different supplies are needed, it will be brought to the attention of Parent Teacher Association who will help to obtain these supplies within reason.

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Letter to Superintendent Kaplan’s Secretary for Approval (Kevin):
From: Kevin Faldu <kfaldu@gmail.com>
Date: Mon, Apr 19, 2010 at 9:11 AM
Subject: Presentation for review by PTA
To: diana_lopez@nbps.k12.nj.us

To Ms. Diana Lopez,

My group member this week on the 15th has spoken to you earlier and was directed to email you. I am sending you this message to give you a briefing on what our idea and plans were. This is a social action that my classmates and I have taking on for an ethics class at Rutgers University. Our mission is to set up an after school activity program to help fitness needs for your students. Here are a few facts and examples of what we would like to do.

**Childhood Obesity is a growing epidemic in the United States and around the world.** Over the past thirty years, prevalence of obesity in children ages 12-17 has tripled from 5% to 17%. This is an alarming rate that must be taken care of and starting at the high school level is the only way to do so.

In the New Brunswick area it is hard to find a place to play a physical activity safely. Because of this bullying occurs against the obese children which in turn hurts them emotionally and socially touching low self-esteem, behavior and learning problems, and as well as depression. Some causes of childhood obesity will did not come to a surprise when researching. Increases in fast food consumption, snacking, television watching, and computer/video gaming are certainly contributors to this epidemic. Surprisingly, there are many other factors that increase the cause of this disease including poverty, parental neglect, baby formula, stress, lack of vitamin D in the diet, and race and ethnicity.

Our six week plan is to start an after school activity that takes place Monday through Thursday from 2:45 – 4:00 p.m. that will take place in the gym or outside fields on school grounds. The four main activities we would like to focus on are basketball, soccer, aerobics, and weight training. This will cover team sports as well as individual ones that can support the student’s conformability with physical activity and others. This is not set in stone as we are willing to take suggestions and modify any part of the project that may concern you.

All activities will be monitored by Rutgers University Volunteers. We will be marketing to them through our bus stops and class rooms hoping to get at least 15 if not 20 or more per day. They would be required to work two days a week for six weeks. This will be an opportunity for Exercise Science students to fulfill their internship requirement senior year.

By giving the students an option to come out and actually participate in an after school activity for a 4 day span every week we are hoping the students will bite eventually. Social ties that may
have not been there before between the students may help create a stronger student body for your school. We hope to achieve this one school at a time starting with yours. Thanks you for the opportunity to present our project and idea to you. I hope it is something that interests you so we can work together in the future.

Thanks in Advance,

Kevin Faldu

Responses from Mr. Kaplan’s Secretary concerning the project:

From: Diana Lopez <diana_lopez@nbps.k12.nj.us>
Date: Tue, Apr 20, 2010 at 2:48 PM
Subject: RE: Presentation for review by PTA
To: Kevin Faldu <kfaldu@gmail.com>

Good afternoon Mr. Faldu,
Thank you for your interest in New Brunswick, unfortunately Mr. Kaplan will not be approving your request at this time.

From: Diana Lopez <diana_lopez@nbps.k12.nj.us>
Date: Wed, Apr 21, 2010 at 10:09 AM
Subject: RE: Presentation for review by PTA
To: Kevin Faldu <kfaldu@gmail.com>
Good morning Mr. Faldu,
Sorry, we are over inundated with request at this time.

References


Editorials

Letter to the Editor:

(Elissa Nagy)  

Healthy Change for Children

The new healthcare bill that Congress passed last Sunday has flashed a spotlight onto the health status of the people of the United States. Now it is time to specifically take a closer look at the health of our youth. How can we as parents, teachers, and the community at large put these kids on track to live the healthiest lives possible? I believe the key to this is adequate amount of physical activity throughout the adolescent/teen years.

A combination of a healthy diet, exercise, and mental wellness contributes to a child’s overall wellbeing. However, many people would argue exercise is the most important of these three areas. It has a positive impact on every aspect of one’s health. According to the American Heart Association, exercise can help control obesity, blood lipid abnormalities, and diabetes. It can also help lower your blood pressure by 8-10 mmHg. When paired with a low-saturated fat or low-cholesterol diet, exercise greatly boosts the diet’s beneficial affects on blood lipoprotein levels. Exercise can also lead to a healthier state of mind. According to the American Heart Association, active people perform significantly better on cognitive function tests. Exercise has also been shown to reduce depression; it can have almost the same degree of efficacy as medication.

With all of these amazing benefits associated with exercise, why are gym programs and recess being cut out of school budgets? Why are children spending more time inside watching TV and playing video games instead of playing outside? This is an issue that needs to be addressed. More afterschool programs need to be created that encourage children to live more active, and therefore healthier, lives. Communities need to utilize the facilities available, such as parks, school gyms, and community centers, to create programs for youth to exercise through sports and other physical activities.

As part of a class I am taking this year, I am working with two other Rutgers University students to create an afterschool program that improves the physical fitness of New Brunswick area high school students. We hope that by creating this program, we will inspire others to start similar programs in their own communities. Together we can educate our youth about the benefits of living healthier, and therefore happier, lives.

Thank you for your time,

Elissa Nagy

(Alex Sielaff)
As a student in the Exercise Science field, I find the climbing rates of childhood obesity to be both alarming and sad. To make matters worse these numbers keep increasing despite current campaigns to stop childhood obesity. Schools are starting to cut out physical education classes out of the school day as the result of budget cuts and to satisfy federal mandates stressing test scores in math and reading. At home kids are spending more time staring at a TV screen, or computer screen rather then going outside to run around. Parents are too busy to cook meals; instead dinner is food from a fast food joint or something out of the freezer. The only exercise today kids get is a walk to the fridge or cupboard to grab a snack, which is almost always unhealthy. The end result? More and more children are either overweight or obese. Our society has become what the CDC calls ‘obesogenic’, meaning that the environment we live in promotes increased food proportions, unhealthy eating habits, and physical inactivity. This is a serious medical problem that does not just affect adults, but our children too. Obese children almost always become obese adults. Childhood obesity is a serious medical condition resulting in hypertension, diabetes, high cholesterol, early puberty and so much more. Psychologically overweight and obese kids are depressed, have poor body image, low self esteem, and at higher risk for eating disorders. These consequences last well into adulthood and result in early death. It is even now being said that this generation will no longer outlive their parent’s generation. All of this information is both alarming and shocking, and the sad part is the lack of reaction from all the parents in this country. More needs to be done to battle obesity not less, and parents need to take control of their children’s health. Children should be provided with healthier meals, and the time spent on electronics needs to be monitored and the time cut down. Parents should encourage their kids to be active whether it is playing outside or in school sports. Currently I am involved in a program for kids in an afterschool setting at a local YMCA. I train and monitor kids in the fitness center, teaching them proper lifting techniques and the importance of a well rounded exercise program. As a part of a class project for my senior colloquium class, it is my goal to instill more programs like the one I am working with in schools across the state. Afterschool programs have been around for awhile, why not incorporate health and fitness into one of them. Parents will not only know where their children are, they will also know that they are gaining the immeasurable gains of physical fitness. The benefits of such a program would be well worth the expense, it would provide our children with a better and healthier future.

(Kevin Faldu)

There is a steady growth of young adults and children not getting the proper amount of exercise daily. When this occurs many of them become lackadaisical which interferes with everyday life. Things that many people do not think about are problems obese children face. Simple situations as going out to playing kickball with the rest of the kids during recess will stress an obese child out knowing running to first base will be difficult for them. Growing up obese is difficult because grade school children can be cruel. It’s a part of growing up though but not being obese is a handicap no child should have to deal with. There are many questions that must be answered with this issue. The most important being, how can we decrease obesity in children? Along with this comes how much will it cost to create something that will give families knowledge and help on obesity? Will it be convenient enough for busy parents schedules to provide this service for there child. Can we make it affordable for families? Where would the
service be located? What type of skills will individuals need to run the service? Being active and playing sports have been a big part of my life since I was a child. When you’re on a sports team it allows you to build character, trust, responsibility, and time management. All these things become natural to people as they grow up in this environment of sports and physical activities. With my service I hope to decrease the amount of obese children in grade schools. With less obesity, the working world will also benefit; schools will be producing healthier working men and women allowing them to work harder without getting fatigued and making the working environment healthier from more employees going to the gym and eating right during lunch breaks. This service will provide a place where families can come and be educated about the harmful effects obesity has. With this knowledge they will be given the opportunity to take part of the services provided by us to change the obesity in there lives and start making positive changes. This is all easier said then done. There will be many obstacles in my way of accomplishing my goals: such as zoning problems in certain towns, along with safety issues, and school boards. The service should provide more revenue for the town though so this should not be a problem. Having families come in from near by towns and counties will only help boost the surrounding economy.

Sincerely,

Kevin Faldu