

Osteo-wellness Work Plan (template)

Community Need:

Describe problem at the national or state level (written for all): Osteoporosis is often called a “silent disease” because bone loss occurs without symptoms. People may not know they have it until their bones become so weak that a sudden strain, bump or fall causes a fracture or a vertebra to collapse. The National Osteoporosis Foundation (NOF) estimates that direct care for such fractures cost \$18 billion a year and the costs are rising. Depending on the age of the patient and the severity of the fracture, the patient’s independence might be compromised. In a recent report (July 2005), NOF states that one in two women and one in four men over the age of 50 will suffer an osteoporosis-related fracture—this is a major public health threat for an estimated 55% of people 50 and older.

Describe the problem at the project level (city, district, county) and clients served (each project writes their own) In _____ County, there were (***number of***) people aged 50 or older according to the (***date of most recent***) US Census update figures. That means that potentially (***number of people 50 and older multiplied by 55%***) people run the risk of and osteoporosis-related fracture.

In order to help prevent or improve this condition, _____ county RSVP offers ***Bone Builders*** exercise classes that include weight bearing exercises, strength training and balance exercises. The NOF states that weight bearing and resistance training exercises play a significant role in preventing or improving osteoporosis. Trained volunteer exercise leaders also keep participants informed of ways to improve their health.

Service Activity

(***number of***) RSVP volunteers will lead ***Bone Builders*** classes throughout the county in such locations as (***insert one or two locations where classes are held***) (***number of times***) a week. Typical class activities will include (***list several activities***).

Add details if needed (*each project writes their own*)

Input

RSVP volunteers will serve (***number of annual***) hours providing free ***Bone Builders*** classes throughout the county. New exercise leaders will receive (***number of hours***) of initial training before being assigned to classes and returning leaders will have a refresher training each year. All leader training will be provided by (***name of who is providing this training***) Space for classes will be donated. (***include any businesses that have made donations to the program***) Staff will help with scheduling and publicity.

Add details if needed (*each project writes their own*)

Anticipated Accomplishments

Summary: **Bone Builders** exercise classes will be held in the 2008 project year.

Indicator—Option 1: Number of classes held

Target—Option 1: 700

Indicator—Option 2: Number of participants

Target—Option 2: 1000

How measured: Class rosters

Intermediate Impact

Summary: New **Bone Builders** class participants who participate in at least one class per week will improve their health habits as a result of **Bone Builders** classes.

Indicator: % of survey respondents who say they have improved their health habits

Target: 75%

How measured: Survey of all participants who respond “yes” to items F through h in part 4 of the survey and are active in the program in the 2008 project year.

End Outcome

Summary: New class participants who attend weekly for at least six months will increase their strength

Indicator: % of new participants who increase the amount of weight they can lift

Target: 60% of those who participate for at least six months

How measured: Survey of participant’s wellness logs, tracking the progress participants make doing the Biceps Curl over six months

Instructions: Please take a few minutes to tell us how you feel about the Bone Builders Program. Your responses will be used to help us improve this program.

Please return this completed form to _____

1. How did you learn about the Bone Builders Program?

2. For each statement below, check ✓ a response that best reflects your opinion.

As a result of participating in the Bone Builders Program...		No	Yes, a little	Yes, somewhat	Yes, a lot
a.	Do you feel your health is better?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Do you feel physically stronger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Has your weight improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Has your balance improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Are your joints less painful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Have you increased your general physical activity level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Have you improved your eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Have you increased consumption of healthy foods (fruits, vegetables, calcium-rich foods, whole grains, fiber)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Overall, how would you rate the Bone Builders Program?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied

4. Please identify two changes you have made in your lifestyle to decrease your risk of chronic disease, such as osteoporosis or arthritis, since beginning the Bone Builders Program

1. _____

2. _____

5. Do you plan to continue participating in the Bone Builders Program? Yes No

6. Would you recommend the Bone Builders Program to someone else? Yes No

7. Please share your comments or recommendations on how to improve the Bone Builders Program.

New York RSVP
PROGRESS LOG

End Outcome Instrument
RSVP OSTEO-WELLNESS PROGRAM



NAME _____

DATE STARTED _____

	Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:	
	Sets	Lbs														
Wide Leg Squat (Sit to Stand)																
Standing Calf & Toe Raise																
Bicep Curls																
Overhead Press																
Bent Forward Fly (Tree Hugger)																
Wrist Curl																
Standing Leg Curl																
Knee Extension																
Side Hip Raise																
<i>Back Extension **</i>																
<i>Tummy Tuck **</i>																
<i>Sideleg Raise **</i>																
<i>Chest Press **</i>																
One-Leg Stork																
Tandem Walk																

Notes: _____

** *Optional floor exercises*