

<b>NAME OF THE INTERVENTION</b>	Dexter Alternative Education Fitness Class
<b>5HF Element* to Impact</b>	Move More and Engage with Others in Healthy Ways
<b>Fiscal Agent</b>	Dexter Wellness Center
<b>Tax I.D</b>	26-3040367
<b>Implementation Contacts (2 or more required)</b>	Brian Castle <a href="mailto:bcastle@powerwellness.com">bcastle@powerwellness.com</a> & Angela Sargeant <a href="mailto:asargeant@powerwellness.com">asargeant@powerwellness.com</a>
<b>Contact phones and emails</b>	Brian 734-580-2545 & Angela 734-580-2512
<b>Date Funding Required</b>	
<b>Implementation Date</b>	November 2017
<b>Estimated Completion Date</b>	May 2018
<b>Total Amount Requested from 5HF</b>	\$1800

Criteria	Descriptions
<p><b>1. Please provide a brief description for the intervention program you are proposing and indicate the target population.</b>  <i>Typically one paragraph and 3-5 sentences</i>  <i>Target population options: youth, adult, seniors, disabled, etc.</i></p>	<p>Dexter Wellness Center and Dexter Alternative High School are working together to provide a fitness program for 15 Junior and Senior Alternative High School students within the district. The Dexter Wellness Center will provide programming two times per week on Tuesday and Fridays afternoons for one-hour. The objective is to provide students access to fitness and wellness programming that might not otherwise have access to such programming and to improve their health so they will have better outcomes at school.</p>
<p><b>2. How does this intervention address the needs identified by your community and the coalition?</b>  <i>Please be specific and refer to local data (i.e. HIP, MiPHY, PAC, NEAT, etc.) and/or the coalition strategic plan. Should include specific health/wellness indicators.</i></p>	<p>The intervention ties in with DWC's Goal 3: Support community members in reaching a healthy weight. The intervention allows the coalition to impact a vulnerable population who does not receive school provided phys ed.</p>
<p><b>3. What are the specific goals for the intervention?</b>  <i>Specific goals: For each goal address these 5 points so that the goals are SMART goals)</i></p> <ul style="list-style-type: none"> <li><i>State what you are trying to accomplish,</i></li> <li><i>How you will measure progress toward and accomplishment of your goal</i></li> </ul>	<p>Goal is to improve health outcomes for 15 Junior and Senior High School students. Each Student will participate in pre and post assessment data collected by the Dexter Wellness Center fitness staff. Regular exercise and weight strength training should allow these students to see marked improvement in their physical fitness by the end of the program. Assessment data collected will help support the goal of regular access to fitness and improved health outcomes. The timeframe for this program is set for the remainder of the 2017-2018 school year (approximately 25 weeks).</p>

<ul style="list-style-type: none"> <li>• <i>Who is responsible for collecting the data?</i></li> <li>• <i>Why you think the goal is attainable</i></li> <li>• <i>Describes how the goal is relevant to the coalition and community wellness related needs.</i></li> <li>• <i>What is the timeframe for achieving the goal?</i></li> <li>• <i>See <a href="http://www.wikihow.com/Set-SMART-Goals">http://www.wikihow.com/Set-SMART-Goals</a></i></li> </ul>	
<p><b>4. What key data will be collected, analyzed, and used to evaluate the intervention?</b></p> <p><i>Should include:</i></p> <ul style="list-style-type: none"> <li>• <i>Units of Engagement</i></li> </ul> <p><i>Might also include survey data, and other measures such as pounds of produce grown, miles of trail maintained, number of books distributed, etc.</i></p>	<p>The students taking part in this class will complete 25 weeks of classes. Two classes a week for one hour each. This will amount 3000 minutes or 50 hours total. During this time we will assess the students in many different ways. Our goal is to show the students that living a healthy life style is easy and fun. Our assessment data will show that this program does work. The assessment data that we will collect is:</p> <p><b>BMI=</b> body mass index  <b>% Body Fat</b>  <b>Weight</b>  <b>BP=</b> blood pressure  <b>Resting HR</b>  <b>Wall sit-</b> for leg strength  <b>Push-ups-</b> for upper body strength  <b>1 minute crunch test-</b> used for core strength  <b>Illinois Agility Test</b> - Purpose is to assess technique and speed during straight t sprinting and changes in direction.  <b>T-Test</b> - Purpose is to test the ability to adjust strides for acceleration and deceleration, change of direction speed, and body control while moving forward, backward and laterally.  <b>1 Mile Test-</b> purpose to obtain an indirect vo2 score.  <b>3 Minute Step Test</b> -purpose to obtain an indirect vo2 score. Then compare it to the 1 mile test.  <b>Strength testing-</b> purpose to teach proper lifting technique and how to build a safe strength training program.  <b>1RM Testing-</b> purpose safe way to track strength improvements.</p>

<p><b>5. What are the estimated Units of Engagement for the intervention?</b></p> <p><i>Unit of engagement = number of people per event * number of events * timeframe for the event (e.g., 30 minutes would be 0.5 hours)</i></p> <p><i>Example : 100 people * 6 events * 1 hour per event = 600 units of engagement.</i></p> <p><i>UNITS OF ENGAGEMENT DO NOT NEED TO BE CALCULATED FOR INFRASTRUCTURE (i.e. parks, sidewalks, trails, etc).</i></p> <p><i>Note- if participation is not part of the key data, describe how you will measure engagement of community members.</i></p>	<p>Units of Engagement for this program are as follows:          15 students * 44 classes * 1 hour per class = 660 units of engagement</p>
<p><b>6. Who (specifically) will be responsible for what aspects of intervention implementation?</b></p> <p><i>Please provide names for those responsible for:</i></p> <ul style="list-style-type: none"> <li>• <i>Obtaining all required permits and permissions and all other communication required</i></li> <li>• <i>Deciding on dates, times, locations</i></li> <li>• <i>Marketing – both developing and distributing marketing materials</i></li> <li>• <i>Recruiting necessary volunteers</i></li> <li>• <i>Developing tools to collect data and pictures</i></li> <li>• <i>Analyzing data collected</i></li> <li>• <i>Developing plans for how to improve the intervention (on-going and for subsequent years)</i></li> <li>• <i>Preparing and presenting presentations and reports</i></li> <li>• <i>All other specific tasks for this intervention to be successful.</i></li> </ul>	<p>Brian Castle, Fitness Manager (Main oversight, data collection)</p> <p>Evan Brown, Fitness Specialist/Personal Trainer (Class Instructor)</p> <p>Angela Sargeant, Center Director (Support)</p> <p>Ken Koenig          Assistant Principal          Dexter High School          2200 N. Parker Road          Dexter, MI 48130  <a href="mailto:koenigk@dexterschools.org">koenigk@dexterschools.org</a>          (734)424-4240 ext.7003</p> <p>Sue McCarthy          Counselor          Dexter, High School          Dexter MI 48130          734 424-4240</p>

	Ext. 7052 Counseling Office
<p><b>7. Does implementation of this intervention require approval from an organization other than the fiscal agent or organization implementing the intervention?</b>  <i>Yes or No. If yes, please indicate all organizations requiring approval and indicate if approval has already been granted. If it hasn't been granted, when will this be done. Include the name(s) of the approver(s).</i></p>	NO
<p><b>8. With whom will you collaborate on this intervention including assistance with implementing the program, assistance with financing the program and organizations which might financially support this intervention (long term sustainability).</b>  <i>Please include names of people in the collaborating organization that will be involved with this intervention. Indicate in the budget below – the contribution from the organization(s).</i></p>	<p>Dexter Wellness Center  Dexter Alternative High School  Dexter Wellness Coalition  5 Healthy Towns Foundation</p>
<p><b>9. If this is a continuing intervention:</b>  A. How many years has this intervention been funded by the coalition?  B. Have the outcome(s) been presented to the coalition and the report(s) been submitted to 5HF?  <i>If no, when will the presentation to the coalition be done and when will the written report and expense report be submitted to 5HF?</i>  C. Describe how the intervention will be improved (also include past improvements if this is the 3 or more year of funding).  D. Has the amount requested from the coalition increased or decreased? Why?</p>	<p>This is the second year of this intervention. Outcomes will be provided to the coalition and 5HF at the completion of the program.  The intervention has been approved where the Dexter Alternative High School is making it mandatory to attend the fitness classes. This was not a requirement in year 1.  The amount of funding has remained the same and we plan to continue to request funds as long as the program remains successful.  Yes, the outcomes have been provided to the coalition. Last years out comes are as follows.</p> <p style="background-color: #cccccc; padding: 5px;">Pre Data</p>

E. How many more years will this intervention request funds from the coalition?			% Body					
	Name	BMI	Fat	Wall Sit Time	Push-ups	Crunches 1 minute	Blood Pressure	
	Student 1 Assessment	28.6	31.2	1.16	14	25		
	Student 1 Re-assessment				20	35		
	Student 2 Assessment	22.6	14.5	1.5	30	40		
	Student 2 Re-assessment				48	55		
	Student 3 Assessment				18	21		
	Student 3 Re-assessment				26	36		
	Student 4 Assessment	21.1	14.1	0.58	14	25		
Student 4 Re-assessment				18	35			
<b>10. Does your intervention have a sustainability plan?</b> <i>How the intervention will be sustained if the coalition does not grant/renew funding?</i>	The Dexter Wellness Center would absorb the cost of the program if it is successful and grand funding is not renewed for future years.							
<b>11. Provide citation(s) of similar programs used as a model in developing this intervention.</b>	N/A							

~ INSERT A BUDGET which shows all expenses, revenue and in-kind contributions\*. Please also indicate which expenses will be covered by the funds from the 5 Healthy Towns Foundation.

\* Note: Examples of in-kind contributions include volunteer hours, use of space, items, etc.

Also provide the information in the two tables below

Budget Summary	Amount	Percentage
Amount of funds from Coalition	<b>\$1800</b>	
Total funds from other sources		
Marketing/Advertising		

Compensation – to one or more people		
Infrastructure (structure that lasts 5 years or more)		
Other expenses		

Plan Year	Amount granted	Amount Spent	Amount carried over	Amount returned to 5HF
Year 1	<b>\$1800</b>	<b>\$1184.19</b>		<b>Only requested Reimbursement for \$1,184.19</b>
Year 2				
Year 3				
Year 4				
Year 5				