Introduction
Osteoporosis affects the quality of life, the ability to work, and basic activities of daily living. Osteoporosis is a disease marked by reduced bone strength leading to an increase in fractures. Every day, our body breaks down old bone and puts new bone in its place. As we get older, our bones break down more bone than they put back. If you do not take the steps to keep your bones healthy, you may lose too much bone and osteoporosis may develop. Men and women are both affected by osteoporosis. In the United States, an estimated 5.3 million people aged 50 years and older have osteoporosis. Most of these people are women, creating 4.5 million of the people in the United States, and the other 0.8 million people are men. Over 34 million people have low bone mass, which puts them at an increased risk. There are many factors that contribute to osteoporosis and fractures. Nutrition and physical activity are important controllable risk factors that will help reduce the risk of the disease. Osteoporosis is largely preventable. An osteoporosis treatment program includes a focus on proper nutrition, exercise, safety issues, and lifestyle changes to prevent or slow further progress of osteoporosis and reduce the risk of future fractures.

Goal
Our goal is to educate and engage the target population on nutrition and exercise. We also want to bring awareness to the younger population and provide resources to support women over the age of 50 to lower the prevalence of osteoporosis.

Objectives

Educate the function of exercise and nutrition on the prevention and treatment of osteoporosis. Identify risk and address other social constructs that will enable participants to improve self-care. Provide a physical activity and nutrition seminar program that will promote strength training and increase self-efficacy in continuing a healthy lifestyle. Educate the function of exercise and nutrition on the prevention and treatment of osteoporosis. Encourage a healthy behavior change by providing a support platform over a 12 month period.

Program Activity

Educate the participants how to eat a better diet and engage target population on nutrition and exercise. Provide a support system group to increase self-efficacy. Promote health and wellness by utilizing a physical activity group. Address perception of barriers, benefits, cues to action and susceptibility. Provide free samples to encourage and inform participants about healthier options. Promote exercise and education. Provide a space that will entertain participants to make our intervention fun, dynamic and enjoyable. Provide free samples to encourage and inform participants about healthier options. Address perception of barriers, benefits, cues to action and susceptibility. Provide free samples to encourage and inform participants about healthier options.

Program Evaluation

Program evaluation is a systematic method that uses information to project outcomes. For our objectives, we plan to have a one on one consultation with certified health coaches and other licensed healthcare professionals. Self-efficacy is important because it shows confidence in one’s ability to take action. We plan to build self-efficacy by providing healthy food options to encourage people and having community health workers as motivators along with licensed and certified exercise instructors. Together, this will promote better health, improve the quality of life, and it can also help by developing strategies to cope with osteoporosis.

Theoretical Grounding

The Health Belief Model is known as one of the early ideology of health behavior that was first established in the 1950s by social psychologists Godfrey M. Hochbaum, Irwin M. Rosenstock, Howard Komro and C. Spaeth in 1954. The Health Belief Model was intended to prevent problems instead of directly treating them and attempts to explain and predict health behaviors. It also motivates people to take positive health actions that assist negative health consequences to its prime motivation. The Health Belief Model is based on six constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. The Health Belief Model has been applied to a range of health behaviors and populations. Women aged 65 and up are at the most risk for developing osteoporosis. 78% of the 4.4 million people at risk for osteoporosis are women. To lower the risk of osteoporosis in women we plan to educate and demonstrate the effects of exercise and nutrition with an interview style questionnaire that aims to discover various social perceptions and identifying risk of developing osteoporosis. To show the perceived susceptibility of osteoporosis, we plan to display 3D fractured bones and imagine the effects of obtaining osteoporosis. To show the perceived severity of osteoporosis, we plan to present the benefits of an appropriate nutrition solution and effective exercise program. To identify the perception of barriers, severity, and cues to action that will prevent people from progressing with osteoporosis, we plan to have a one on one consultation with certified health coaches and other licensed healthcare professionals. Self-efficacy is important because it shows confidence in one’s ability to take action. We plan to build self-efficacy by providing healthy food options to encourage people and having community health workers as motivators along with licensed and certified exercise instructors. Together, this will promote better health, improve the quality of life, and it can also help by developing strategies to cope with osteoporosis.

References


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