

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION TASK FORCE

**Public Hearings
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**TOPIC: "MARTIAL ARTS PROGRAMS AS AGENTS FOR CHRONIC DISEASE PREVENTION AND
HEALTH PROMOTION"**

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&

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My name is Bill Patterson representing K.S. Hyun's Hapkido Schools in Chicago and with me is Mr. Shorty Mills representing 3 Cities Pagoda Martial Arts Schools in Hazel Crest.

We would like to thank the Task Force for this opportunity to express our concerns for the public health of our communities and recommend the utilization of community martial arts programs as agents for chronic disease prevention and health promotion.

During this time I would like to establish a context with a brief overview of chronic diseases, the existing guidance to deliver chronic disease prevention and health promotion, and then describe the use of martial arts programs as agents of chronic disease prevention and health promotion.

I've provided a program logic model as a handout for this testimony and a corresponding written report.

INTRODUCTION

Obesity and violence have become major public health concerns with both national and local community implications. While the two concerns may appear to be unrelated, they both pose a major negative impact on the present and future health of the population and safety of our country.

In January, 2010, U.S. Surgeon General Benjamin issued a report that identified obesity as a national epidemic draining billions of dollars from our economy. Further, two-thirds of the U.S. adults and nearly one in three children are overweight or obese – a condition that increases their risk for diabetes, heart disease and other chronic illnesses.

Obesity has become a national security concern. Over 9 million young adults – 27 percent of all Americans 17-24 – weigh too much to join the military according to "Mission: Readiness" a non-profit organization promoting health and education. This group of young adults is also the source from which we draw our emergency first responders – police, firefighters and paramedics. As the health of this population decreases, the defense of the country and its ability to respond in time of crisis or national emergency is also diminished.

A Justice Department study from October 2009 found that more than 60 percent of children surveyed were directly or indirectly exposed to violence in the last year – victims of robbery, vandalism, theft or sexual assault. Nearly half of the children and adolescents were assaulted at least once, and more than one in ten were injured as a result. Nearly one-quarter were the victims of robbery, vandalism or theft. One in sixteen was victimized sexually. According to U.S. Attorney General Holder, youth violence needs to be addressed as a public health problem and not exclusively a criminal justice concern.

OVERVIEW

"Project Oneness" is an IDPH initiative for a more comprehensive approach to community health specifically targeting the health risk behaviors that are the leading causes of obesity, diabetes and various chronic diseases including violence. Unaddressed, these behaviors will result in increased death, disability, hospitalizations and illness among young people and adults in the United States. Communities experiencing high levels of these behaviors are identified as "environmentally at risk."

The targeted health risk behaviors include:

- inadequate physical activity

- unhealthy diet
- tobacco, alcohol and drug use
- behaviors that contribute to unintentional injuries and violence

In a concept paper "IDPH Martial Arts Initiative (15 Nov 07)," the Director of IDPH proposed utilizing existing martial arts academies to deliver positive public health interventions in "environmentally at risk" communities. Further, that martial art schools share similar objectives of public health which are to provide health education and promote a safe environment where individuals can attain their best possible state of physical and mental health and spiritual well-being – body, mind and spirit. It is estimated that there are over 200 martial arts programs in the Cook County area (DEX Yellow Pages research). This includes independent schools or programs located within park districts and community youth serving organizations (e.g. Boys and Girls Clubs, YM(W)CAs, churches etc.).

These programs are able to provide youths between the ages of 6-17 with professional martial arts instruction from established community martial arts schools. The program of traditional martial arts instruction is a holistic approach to improving public health by emphasizing: (1) physical health and safety, (2) mental health, (3) education, (4) positive character development and (5) good citizenship.

Beginning in January, 2008, Mr. Mills and I began a collaborative effort with the IDPH staff to design and implement a demonstration project for martial arts programs to deliver public health interventions in the community. The project is titled "Youth Martial Arts for Total Health (M.A.T.H.)" The project, while still a work in progress, has integrated expanded public health education into the martial arts curriculum. A major effort has been in the development of an evaluation design that records and tracks the progress of the students. Currently, four martial arts schools are participating in the project and collecting performance data that is forwarded to IDPH for analysis.

CONCEPTUAL BACKGROUND

From the HHS & CDC report "Healthy People 2010," comprehensive physical development and health programs were described as offering great potential for enhancing the capacity of young minds and bodies. Extensive research connects learning ability to good health. Healthy minds and bodies are basic to academic success and, in later life, enhance the ability to contribute to a productive work environment. The benefits of comprehensive health and physical education include promoting a healthy generation of students who are able to achieve their highest potential, reversing the trend of deteriorating health and physical fitness among youth, and helping to lower the cost of health care in the United States.

The "Illinois Learning Standards for Physical Development and Health" provide specific **State Goals (SG)** for Illinois schools, and, are the basis for the "Project Oneness" Youth M.A.T.H. Program curriculum. They include:

- SG 19 Health-Enhancing Physical Activity
- SG 20 Physical Fitness/Self Assessment
- SG 21 Team Building
- SG 22 Health Promotion
- SG 23 Body Systems
- SG 24 Health/Well-being

Obesity

One in 3 children are overweight or obese, putting them at higher risk of diabetes, high blood pressure, high cholesterol and other illnesses. Studies have found that 1 in 5 children become overweight or obese by age 6. Physical inactivity is associated with the risk of many chronic diseases. Such risks decrease with increased physical activity. In recent studies, physical activity interventions appeared to reduce disease incidence, be cost effective, and – compared to other prevention strategies – to offer good value for money.

In a report by Emory University last November, researchers projected that by 2018 the U.S. could expect to spend \$344 billion on health care costs attributed to obesity. Current costs account for one-third of our nation's health care-costs. Obesity is linked to numerous illnesses including diabetes, heart disease, stroke, cancer, respiratory disease, hypertension, asthma and depression.

In July, 2010, a report released by the Trust for America's Health and the Robert Wood Johnson Foundation identified Illinois as ranking 4th nationally having 20.7% of the state's children qualifying as obese. The report was based on 2007 data from a national survey conducted by the Center for Disease Control. The key policy recommendations from the report include:

- Supporting obesity- and disease-prevention
- Expanding the commitment to community-based prevention programs
- Continuing to invest in research and evaluation on nutrition, physical activity, obesity and obesity-related health outcomes and associated interventions.

Youth Violence

The trend of increasing community violence creates an environment of fear, risk of injury, victimization and criminality in youth. As reports of youth related gun violence become more frequent, juvenile arrests for aggravated assaults have greatly increased as well. From Chicago Police Department statistics (Juvenile Justice Vol. 3-Issue 1), juvenile arrests have increased since 2003. In 2005, they accounted for over 12% of all arrests. The problem is even larger than reflected in arrest reports. Confidential youth surveys described in the Surgeon General's report found 13-15% of high school seniors had committed acts of serious (non-gun) violence that typically do not come to the attention of police. In the twelve month period of November 2008-2009, 398 students were shot in Chicago.

Public Health and Criminal Justice

In 2001, the U.S. Surgeon General issued a significant report relate to youth violence drawn from extensive review of scientific literature and data analysis (<http://www.surgeongeneral.gov/library/youthviolence/default.htm>). Included was the identification of risk factors that increase the probability of violence as well as effective strategies for preventing and intervening to reduce violence. The report cautions that the number of adolescents involved in violent behavior remains high. To address the problem of youth violence, the Surgeon General requested action from the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA). This represented a major change from seeing violence as strictly a criminal justice concern. By designating youth violence as a public health issue, the focus becomes prevention rather than rehabilitation. Primary prevention identifies

behavioral, environmental, and biological risk factors associated with violence and takes steps to educate individuals and communities about, and protect them from these risks.

Violence Prevention

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) Program Guide and research from the American Psychological Association (APA) (<http://apahelpcenter.org/articles/article.php?id=25>) have identified a variety of successful violence prevention programs that share some common characteristics that include:

- Community-based
- After-school hours programming
- Goal setting
- Physical activity (APA)
- Quality staff
- Attention to safety
- Effective partnerships with community based organizations
- Family involvement
- Enriching learning opportunities
- Linkage between school-day and after school personnel

The positive outcomes resulting from youth participation in these programs included:

- Decrease the likelihood of becoming victims of violent crime
- Decrease participation in risky behaviors such as drug, alcohol and tobacco use
- Lead to develop new skills and interests
- Improve grades and academic achievement
- Increase desire to reach higher in planning their futures
- Increase self-confidence and social skills

PROGRAM DESIGN FOR MARTIAL ARTS PROGRAMS

Martial arts are often seen or understood to be aggressive and combative activities unrelated to good health and non-violence. The truth is something much different. Traditional martial arts teach a holistic approach to health or wellness - physical, mental, emotional and spiritual. While the physical training in self-defense techniques is primary, it is the process and the environment of that training that provides the true benefits of martial arts. For students, the benefits of participation are measurable improvements in the areas of (1) health and fitness, (2) personal safety skills, (3) academic performance, (4) self-confidence and self-control, and (5) interpersonal skills.

Utilization of existing martial arts schools and their on-going programs of instruction will permit program services to be delivered at the most cost effective level. The curriculum contains instructional components of physical activity, personal safety, health education, leadership and character development.

The program goal and objectives for martial arts training shown below reflect those shared by the IDPH, State Goals for Illinois Schools and the O.J.J.D.P.

Program Goal: Reduce the risk of and increasing the resiliency against illness, disease and violence in the community.

Initial Objectives (Outcomes):

- Youth participation in an after-school program
- Improve physical fitness
- Improved personal safety and self-defense skills
- Improved good health practices
- Improved confidence and self control
- Improved interpersonal skills

Intermediate Objectives (Outcomes):

- Improved health and fitness
- Improved knowledge of public health risks and healthy behaviors
- Improved academic performance
- Reduced fear of violence
- Reduced risk of violence and injury

Long-term Objectives (Impact):

- Decrease the environmental risk for youth and the community against illness, chronic diseases and unhealthy behaviors
- Increase resilience skills of youth, ages 7-12 and their families so as to better combat illness, chronic diseases and unhealthy behaviors

PROGRAM EVALUATION/EVALUATION DESIGN

The Program Logic Model provided identifies the basic framework for the evaluation. It illustrates the relationship of the activities to the results or outcomes of martial arts training. The basic components of the model are inputs, outputs (activities and participation) and outcomes (initial, intermediate and long-term) described below.

Quantitative data may be derived from (1) attendance, fitness testing and promotional records (2) school report cards for academic progress, behaviors, and attendance and (3) police records. Qualitative data may be obtained from surveys and focus groups of parents, teachers, referral sources and martial arts staff.

SUMMARY

I would once again like to thank the Task Force for this opportunity to express our concerns for the public health of our communities and recommend the utilization of community martial arts programs as agents for chronic disease prevention and health promotion.

We strongly believe that the need is urgent in our State to address chronic disease prevention health promotion specifically targeting obesity and youth violence. Every resource we can identify must be used.

Community-based martial arts programs share the goals of the Department of Public Health and are uniquely equipped to deliver positive public health interventions.

Dr. Mills and I would like to take what remaining time we might have to address any questions the members of the Task Force might have.

PROGRAM LOGIC MODEL
IDPH PROJECT ONENESS - YOUTH M.A.T.H. PROGRAM

Program Goal: Reduce the risk of and increasing the resiliency against illness, disease and violence in the community

Program Description: Utilize established locally based martial arts schools to (1) provide public health education, (2) promote healthy behaviors and (3) provide age appropriate health and fitness training to youth.

