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Addressing Adult Obesity in Columbus, Mississippi

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

Willie S. Sanders

Contents

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OVERVIEW

Keywords: Selected articles relating to adults with obesity, body mass index, and prevention in adult obesity are explained here. The keywords searched were *body mass index, obesity*, *physical activity, psychological, emotional, and social-well being in obesity* in the databases EBSCO, MEDLINE, PSYCINFO, SAGE Journals, as well as in a Thoreau multidatabase search.

Addressing Adult Obesity in Columbus, Mississippi

Goal Statement: The goal of my social change portfolio is to identify resources and create a potential plan to prevent adult obesity.

Significant Findings: Adults with obesity have increased in Mississippi and within my community because of income inequality, limited access to health providers, and mental, emotional, and physical distress (CDC, n.d.; County Health Rankings & Roadmaps, 2018). Lowndes County adult obesity rates are at 37%, whereas the national average is 29% (County Health Rankings & Roadmaps, 2018). The key findings of my project indicate that African American and Hispanic ethnicities are affected by obesity most and Black females reported the highest rate of obesity at 50% (County Health Rankings & Roadmaps, 2018; MSDH, 2017). Additionally, the trend for adult obesity in Lowndes County is increasing due to limited exercise opportunities, pulbic transportation, and access to healthy food options as 20% of the population does not live near a grocery store (County Health Rankings & Roadmaps, 2018).

Objectives/Strategies/Interventions/Next Steps: Prevention is the primary objective of professionals through infusing a systemic, ecological approach and community and multidisciplinary collaboration (Conyne, Horne, & Raczynski, 2013; Paydar & Johnson, 2020).

Strategies, such as advocating for equity in public policy, offering psychoeducation groups, resources and supportive programs in marginalized communities may provide direction related to best practices, diversity and cultural relevance, program development and evaluation. Collaboration and consultation maybe used to cross boundaries between health and mental health professionals and between scientific and community experts (Conyne, Horne, & Raczynski, 2013). Specifically, establishing partnerships with existing agencies that facilitate evidence-based programs (EBPs), such as Champ4Life, to garner experience, knowledge, and understanding related to preventing obesity are beneficial (Silva et al., 2020).

INTRODUCTION

Addressing Adult Obesity in Columbus, Mississippi

Obesity is a common, costly, and serious disease that impacts men, women, and children globally (CDC, n. d.). Adults with obesity remain prevalent and create problematic issues among genders, various age groups, and multiple ethnic groups globally (CDC, n. d.; U.S. National Library of Medicine, 2018). The effects of obesity detrimentally affect communities, families, and individuals. For example, an individual can develop obesity-related conditions including certain types of cancer, diabetes, heart disease, stroke, and premature death (CDC, n. d.). Adults with obesity have increased in Mississippi and within my community seemingly because of frequent mental and physical distress, income inequality, and limited access to exercise opportunities and mental health providers (County Health Rankings & Roadmaps, 2018). People may eat too much to overcome emotional, financial, mental, personal, and professional problems. Additionally, the challenges associated with living in the rural limits access to healthy

food options as 20% of the population does not live near a grocery store, which is exacerbated without a public transportation system (County Health Rankings & Roadmaps, 2018).

PART 1: SCOPE AND CONSEQUENCES

Addressing Adult Obesity in Columbus, Mississippi

The target problem I identified within my community that can be addressed through prevention is adult obesity. 37% of the adult population (age 20 and older) reports a body mass index (BMI) greater than or equal to 30kg (County Health Rankings & Roadmaps, 2018). Compared to national averages from 2014-2016, Mississippi and Lowndes County adult obesity rates are at 37%, whereas the national average is 29% (County Health Rankings & Roadmaps, 2018). The trend for adult obesity in Lowndes County is increasing (County Health Rankings & Roadmaps, 2018). The national trend for adult obesity has increased from 1999-2000 through 2017-2018 from 30.5% to 42.4% and is increasing (CDC, n. d.). Mississippi is 1 of 12 states where 35% or more of its adults have obesity (CDC, n. d.).

The physical consequences of adult obesity within my community includes an 18% diabetes prevalence, which nearly triples the top U.S. performers at 7%, physical inactivity or no leisure by 30% of adults, and a high number of sexually transmitted infections (County Health Rankings & Roadmaps, 2018). The mental health consequences include excessive drinking, insufficient sleep, and 17% of the adult population smoking (County Health Rankings & Roadmaps, 2018; CDC, n. d.). The social and educational factors includes a high school graduation rate of 88%, which is below the national average of 96% and a relatively low percentage of adults attending college at 64% compared to the national average of 73% and an unemployment rate of 4.8% (County Health Rankings & Roadmaps, 2018). The income

inequality of 5.7% nearly doubles the national average of 3.7%, which impacts the number of children in poverty at 32%, and is increasing (County Health Rankings & Roadmaps, 2018). Families are impacted as 45% of children live in single parents homes, which doubles the national average of 20% (County Health Rankings & Roadmaps, 2018). The goal of my social change portfolio is to identify resources and create a potential plan to prevent adult obesity.

PART 2: SOCIAL-ECOLOGICAL MODEL

Addressing Adult Obesity in Columbus, Mississippi

Prevention specialist must consider the key features of risk and protective factors when designing, implementing, and evaluating prevention interventions within the communities they serve (SAMHSA, 2019). They must prioritize the risk and protective factors that most impact their community through data, research, and gaining understanding related to the multiple contexts in which the factors operate (SAMHSA, 2019). Factors can be operational in multiple domains including biological and psychological, which can lead to behavioral, emotional, mental, or physical health issues that can detrimentally impact development or exacerbate factors. Therefore, assessing risk and protective factors in adult obesity is a necessary foundational method to viewing and preventing this problem at the individual, family, peer group, and community level in Columbus, Mississippi.

There is a bidirectional interaction between the adults with obesity and the multiple levels in which they operate including family, peer group, and community levels as purported in the social ecological model (Swearer & Hymel, 2015). So, obesity is the result of an individual's characteristics as well as influences such as families, friends, social networks, community, and work environments (Swearer & Hymel, 2015). Additionally, contextual and situational factors can influence risk factors and increase vulnerability to obesity. The risk factors for obesity

include ethnicity, specifically African American and Hispanic, lower educational levels, higher dietary protein intakes, and lack of participation in moderate or vigorous physical activities (CDC, n. d.; Paydar & Johnson, 2020).

The individual risk factors in adults with obesity in Columbus, Mississippi, are linked to ethnicity, excessive drinking, lack of health insurance, lack of participation in physical activity, lower educational levels, mental health issues, poor physical health, and poverty (County Health Rankings & Roadmaps, 2018; CDC, n. d.). The family risk factors include income inequality, high unemployment rates, and single parent households (County Health Rankings & Roadmaps, 2018; CDC, n. d.). The peer group risk factors include limited access to exercise locations and mental health providers. The community risk factors include the high number of diagnosed sexually transmitted infections, limited access to social associations, and severe housing problems within the community (County Health Rankings & Roadmaps, 2018; CDC, n. d.).

Creating interventions and solutions to address risk factors and protective factors that may positively impact the community is a beneficial and necessary initiative of scholar practitioners who are dedicated to positively impacting the community (Walden University, 2015). Individual protective factors might include exposure to high paying employment opportunities, positive self image, and self control (Swearer & Hymel, 2015). Family protective factors could include access to equitable wages, employment opportunities, and support for single parent households. Peer group protective factors might include the availability of exercise and mental health facilities and access to faith-based resources. Community protective factors might include the availability of sex education and home renovation resources as well as increasing social events within the community (Swearer & Hymel, 2015).

PART 3: THEORIES OF PREVENTION

Addressing Adult Obesity in Columbus, Mississippi

Prevention is an essential component in addressing behavioral, mental, and abuse problems and reducing their costs and consequences (Conyne, Horne, & Raczynski, 2013). Theories of prevention are useful to practitioners in studying a health or societal problem and in planning solutions because they can guide, impact, and refine practice and strategies that influence health behaviors (National Cancer Institute, 2005). Selecting appropriate theories is critical to helping practitioners consider multiple influential factors, to expanding understanding of realistic outcomes, and to providing parameters of the planning process of preventative services (HHS, n. d.; National Cancer Institute, 2005). Additionally, theories can increase accountability and influence practitioner's decisions related to implementing interventions, programs, and treatments that are data-driven, evidenced-based, and documented as effective forms of care (Raczynski, Waldo, Schwartz, & Horne, 2013). I will highlight two theories that are applicable to adult obesity that I am investigating and I will evaluate the implications for solutions.

The Health Belief Model (HBM) was one of the first theories of health behaviors and remains one of the most widely recognized in the field as a good fit for addressing problematic behaviors that evoke health concerns (National Cancer Institute, 2005). The Health Belief Model (HBM) can be applied to my prevention plan because of the emphasis placed on addressing the individual's perceptions of the threat posed by adult obesity, the benefits of avoiding obesity, and factors influencing the decision to act related to barriers and self-efficacy (National Cancer Institute, 2005). Using HBM can help me assess health motivation, provide a framework for designing short and long-term behavior change strategies, and garner understanding related to susceptibility of my target population. Additionally, HBM can inform whether adults in

Columbus, MS believe obesity is serious and whether they believe actions, such as increasing awareness of body mass index (BMI) and healthy weight among adults, and identifying resources and a plan to prevent adult obesity can reduce obesity at an acceptable cost (National Cancer Institute, 2005).

Using the six constructs of HBM can help me assess perceived susceptibility of adults about the chances of them being obese and identify adults who are at risk and their levels of risk for obesity who maybe unaware by facilitating body mass index screenings. I can also gain insight related to perceived severity, which is their belief about the seriousness of obesity and its consequences by specifying the consequences of obesity and recommended actions (National Cancer Institute, 2005). The perceived benefits focus on their beliefs about the effectiveness of taking action to reduce risk for seriousness. Preventatively, I may focus on educating my community on the potential positive results of maintaining a healthy BMI and weight (National Cancer Institute, 2005). HBM also allows me to assess perceived barriers related to the psychological costs of taking action by offering assistance, incentives, and reassurance. I will also use this model to discuss the factors that activate readiness to change by providing awareness and the actionable steps necessary to cue action (National Cancer Institute, 2005). Finally, HBM is beneficial in assessing self-efficacy through providing training, guidance, and goal setting to demonstrate desired behaviors.

Using the transtheoretical model of change can also apply to my prevention plan because of its premise that behavior change is a process, rather than an event. When asking people to possibly change their eating patterns or begin an exercise regimen, it is helpful to know what stage they are in to develop potential change strategies (National Cancer Institute, 2005). For example, if they are in precontemplation as a practitioner I would understand that they have no

intentions of taking any actions within the next six months. Therefore, I may focus on increasing awareness for the need for change, rather than creating actionable steps (National Cancer Institute, 2005).

The contemplation stage would provide insight that the adult that I am working with in my city intends to take action within six months, so I may motivate them through developing specific plans. If they are in the preparation stage, they intend to take action within 30 days and have already taken some behavioral actions towards preventing obesity (National Cancer Institute, 2005). I would assist them in implementing concrete action plans and setting gradual goals. A client who is in the action stage has changed their behaviors within the last six months. Therefore, I may assist with feedback, problem solving, and social support within the community (National Cancer Institute, 2005). Finally, if they are in the maintenance stage, I am aware that they have changed their behaviors for more than six months and may assist with coping, finding alternatives, avoiding slips, and relapses.

Champ4Life is an existing evidence-based program (EBP) that I identified that can inform my social change portfolio. This prevention program objectives and implementation details are aimed at providing education about body mass index and reducing total and abdominal fat through preventative programs (Silva et al., 2020). The program is also designed to assess the effectiveness of the intervention levels of physical activity and sedentary behavior, resting energy expenditure, cardio-metabolic markers, physical fitness, energy balance components, eating self-regulation markers, and quality of life (Silva et al., 2020). Champ4Life is based on the Self-Determination Theory applied in a health context, which focuses on personal motivation to grow through competence, connection, and autonomy (Silva et al., 2020).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Addressing Adult Obesity in Columbus, Mississippi

The percentage of people who are overweight has nearly doubled in the last 20 years (Knox-Kazimierczuk, Geller, Sellers, Baszile, & Smith-Shockey, 2018). Nearly 75% of Americans aged 20 years and older are considered overweight or obese (Knox-Kazimierczuk et al., 2018). Approximately 45.2% of the African American adult population is affected by obesity in my community (County Health Rankings & Roadmaps, 2018; MSDH, 2017). Black females reported the highest rate of obesity at 50.1%, which is much higher than white females at 35% and other ethnic group females (County Health Rankings & Roadmaps, 2018; MSDH, 2017). The lack of physical activity and socio-demographic factors including age, marital status, income, and education impacted obesity among African American women nationally and within my community (Makambi & Adams-Campbell, 2018, MSDH, 2017). For example, obesity levels decreased as levels of educational attainment increased among African American women, which is consistent with other ethnicities (Makambi & Adams-Campbell, 2018. MSDH, 2017). Additionally, the lack of vigorous physical activity and age increased obesity among African American women (Makambi & Adams-Campbell, 2018. MSDH, 2017).

Transporting prevention programs into marginalized communities is beneficial, necessary, and empirically relevant to support communities of interest (Vera & Kenny, 2013). Increasing cultural relevance about the adult obesity prevention program in my community can occur by orchestrating group, educational, social, and physical activities that promote social interactions and regular attendance by disseminating information to constituent groups, churches, and organizations (County Health Rankings & Roadmaps, 2018;Vera & Kenny, 2013). Another mechanism to increase relevance is by offering fitness programs in neighborhood community centers for older women. Partnering with the local YMCA to build, strengthen, and maintain

social networks to provide supportive relationships for behavior change through swimming or walking groups could bring cultural relevance (County Health Rankings & Roadmaps, 2018;

Ascribing to a standard code of ethics assists professionals in constructing a course of action, establishing expectations of conduct, and outlining ethical responsibilities held in common by its members (ACA, 2014). The ethical consideration of informed consent is necessary because it provides the purposes and procedures to be followed, the benefits and limitations prior to participating in programs. Confidentiality provides protection related to participant's information collected during practice and requires for researchers to adhere to state, federal, agency, or institutional polices or applicable guidelines (ACA, 2014). Stakeholder collaboration is important because it keeps partnerships integral and provides a comprehensive approach to offering the best services to the group of interest.

PART 5: ADVOCACY

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Counselors engage in advocacy by using their influence, platform, and voice to act on behalf of people or populations at the community, institutional, or public policy levels through education, prevention strategies, and support (Black Counselors & Social Workers, 2020; SAMHSA, n .d.). Efforts are made by professionals and stakeholders to develop comprehensive policies, programs, services, and systems aimed at providing education and incorporation of evidence-based practices (SAMHSA, n. d.). Advocacy is used for collaboration, treatment, and promotion of networks, resources, and strengths (Conyne, Horne, & Raczynski, 2013).

Additionally, advocacy can be utilized to promote positive social change and the well-being of individuals, communities, institutions, and the public at large (Pirog & Good, 2013).

Institutional barriers that may exist related to addressing adult obesity include lack of connection and representation within institutions to advocate for minorities, the lack of information provided to marginalized groups, which perpetuates oppressive systems, and the lack of social support (Multicultural and Social Justice Counseling Competencies, 2015). Several community norms, values, and regulations exists in my community that create barriers to preventing adult obesity including limited access to exercise opportunities, income inequalities, and access to affordable healthcare (Multicultural and Social Justice Counseling Competencies, 2015). For example, poor neighborhoods get funding for community centers without exercise equipment, but the more affluent neighborhoods have full scale exercise equipments and opportunities within walking distance of their homes. One of the primary public policies that hinder growth and development is related to Mississippi not having a minimum wage requirement, which creates unfair hiring and income practices among minority groups in my community (Multicultural and Social Justice Counseling Competencies, 2015). As a result, many of the populace are living in poverty and can lead to poor eating and obesity.

The advocacy actions of counselors can impact communities positively. One advocacy action to take to address adult obesity at the institutional level involves exploring with privilege and marginalized groups, which social institutions are supportive and discussing ways to partner and strengthen support offered (Multicultural and Social Justice Counseling Competencies, 2015). A community action to take to address adult obesity in my community is conducting qualitative and quantitative research to evaluate the degree to which community norms, values, and regulations influence privilege and marginalized groups (Multicultural and Social Justice

Counseling Competencies, 2015). The public policy level can be impacted by engaging in social action locally to alter policies to standardize the quality of community centers that are erected in neighborhoods (Multicultural and Social Justice Counseling Competencies, 2015).

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