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Adult Obesity in Sanpete County, Utah

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Prevention, Consultation, and Advocacy

Social Change Portfolio

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Adult Obesity in Sanpete County, Utah

Goal Statement: To reduce the rates of adult obesity in Sanpete County, Utah.

Significant Findings: Adult obesity in Sanpete County, Utah, has been steadily rising since 2004 (County Health Rankings and Roadmaps, n.d.). Risk factors such as poor diet and lack of physical activity contribute to obesity prevalence. Protective factors are linked to healthy family practices and community support, such as access to healthy foods and recreation. Social cognitive theory is a proven and effective preventative intervention for this population, particularly regarding positive changes in dietary and lifestyle habits (National Cancer Institute, 2005). The Hispanic population in this area is at higher risk due to cultural practices and perspectives, and efforts at prevention should be diversity conscious and culturally relevant. Advocacy measures should include working with institutions to educate and provide resources on obesity. Working with church leaders and employers will create awareness and generate adjustment of cultural norms and practices that contribute to obesity. Lastly, fostering partnerships between individuals, community leaders, and elected officials will help shape public policy to mitigate obesity rates.

Objectives/Strategies/Interventions/Next Steps:

- Lobby local governments to build recreational trails for walking, jogging, and biking within city limits.

- Work to create partnerships between individuals, businesses, and community leaders to facilitate availability and access to healthy foods.
- Provide support for local health care centers to dispense resources and educational materials warning of obesity risks and consequences. This could include routine BMI screening and weight management counseling.
- Engage with local church leaders and employers to encourage healthier eating habits within the scope of their respective influence.
- Implement the evidence-based prevention program Faithful Families Eating Smart and Moving More (FFESMM) to unite church and community leaders in educating and promoting healthier lifestyle practices.

INTRODUCTION

Adult Obesity in Sanpete County, Utah

This portfolio highlights the problem of adult obesity in Sanpete County, Utah. The issue is identified in scope, citing statistics and trends. Potential consequences are discussed, including family, economic, and mental health impacts. The social-ecological model is considered in terms of risk and protective factors and how these influence the problem from a contextual standpoint. The social cognitive theory of prevention is explored, suggesting a framework for reducing rates of obesity in this community. Multicultural and diversity issues are given attention, such as higher rates of adult obesity among Hispanics at 27.94%, compared to non-Hispanics at 24.8%, and factors contributing to this discrepancy (Utah Department of Health, 2021). Ethical codes relevant to working with diverse clients are cited, and measures to improve the cultural relevance of interventions are suggested. Finally, advocacy plans at the institutional, community, and public policy levels are constructed and proposed for mitigation purposes.

PART 1: SCOPE AND CONSEQUENCES

Adult Obesity in Sanpete County, Utah

In Sanpete County, the problem of adult obesity is significant and continues to grow. Obesity is measured by a body mass index of 30 or above (Utah Department of Health, n.d.). According to statistics, 29% of adults aged 20 and over are considered obese, which means nearly one out of every three adults fall into this category (County Health Rankings and Roadmaps, n.d.). The rate of adult obesity prevalence is near the national average, at 30% (County Health Rankings and Roadmaps, n.d.). However, from 2004 to 2017, Sanpete County had a greater rate of increase than both the state and national averages (County Health Rankings and Roadmaps, n.d.). The Sanpete rate grew from 20% to 29%, the state rate went from 21% to 27%, and the national rate from 24% to 30% (County Health Rankings and Roadmaps, n.d.). These numbers show Sanpete experienced a larger jump in obesity in individuals during that period. An alarming trend is that from 1999 to 2017, obesity in Utah adults increased from 33% to 42% (Utah Department of Health, 2019). The numbers indicate things are not trending well, and measures for adult obesity are continually getting worse.

From a public health perspective, there is cause for concern, and analysis of the consequences of such trends is worthy of attention. For example, obesity increases the risk of contracting a myriad of health conditions and diseases such as heart disease, hypertension, type-2 diabetes, cancer, and stroke (Utah Department of Health, 2021). Heart attack and stroke prevalence are 40% higher for obese adults in Utah compared to overweight adults (Utah Department of Health, 2019). Diabetes prevalence is more than twice as high for the obese than for the overweight (Utah Department of Health, 2019). Obesity heightens the risk for developing high cholesterol, hypertension, cardiovascular disease, heart attack, angina, and stroke (Utah

Nutrition and Physical Activity Plan, 2012). Risk is also higher for conditions such as arthritis, osteoarthritis, asthma, and various cancers (Utah Nutrition and Physical Activity Plan, 2012). These trends and risks show how obesity can lead to debilitating health conditions long-term and even potentially early death. Indeed, obesity is ranked the second leading cause of preventable death in the United States (Utah Department of Health, 2021).

Obesity-related deaths pose significant challenges for families and loved ones of victims in Sanpete County. Aside from resulting bereavement and mental health impacts, a severe economic toll affects families who live paycheck to paycheck. The median household income in Sanpete County is $54,600 (County Health Rankings and Roadmaps, n.d.). This is over $20,000 less than the state average and nearly $18,000 less than the national average. The challenges this poses for families in this economically depressed area with only one source of income cannot be overstated.

The economic toll is particularly glaring when considering health care costs for obese individuals compared to those at an ideal weight. According to a national estimate from 2006, medical expenses for obese adults suffering from obesity-related diseases were 42% higher than ideal-weight adults (Utah Nutrition and Physical Activity Plan, 2012). Utah showed an estimated $485 million of obesity-related medical costs for adults in 2008 (Utah Nutrition and Physical Activity Plan, 2012). In 2018, the estimated number was $2.4 billion, an increase of $1.9 billion (Utah Nutrition and Physical Activity Plan, 2012). The numbers indicate that as obesity rates increase, the costs keep getting higher and higher, placing tremendous strain on resources within the health care system (Utah Nutrition and Physical Activity Plan, 2012).

Obesity affects not just physical health but mental health as well. The mental health toll of adult obesity is significant based on a study showing that obese adults experience higher levels of depression, anxiety, and stress than their non-obese counterparts (Chaudhari & T.G., 2015). The

relationship between obesity and mental health struggles can be attributed to social and environmental factors such as socioeconomic status and adverse childhood experiences (Chaudhari & T.G., 2015). Whatever the case, mental health issues such as depression and anxiety are inexorably linked to lack of physical activity and overeating, which are primary causal factors of obesity (Chaudhari & T.G., 2015).

PART 2: SOCIAL-ECOLOGICAL MODEL

Adult Obesity in Sanpete County, Utah

When considering adult obesity, it is essential to understand the problem in context. The elements that come into play from the individual, family, community, and societal perspectives are varied and complex. From a social-ecological viewpoint, factors contributing to the problem can be explored more thoroughly, thus informing how best to implement prevention strategies.

The risk factors for adult obesity at the individual level consist of poor diet and lack of physical activity (Utah Department of Health, 2021). Eating excess calories combined with the intake of foods high in sugar and saturated fat increases risk (National Heart, Lung, and Blood Institute, n.d.). Favoring unhealthy food choices over healthy ones is also a problem. For example, Utahns' daily consumption of vegetables three or more times per day has declined from 18% in 2012 to 13% in 2019 (Utah Department of Health, 2021). 20% of Sanpete County residents are physically inactive, a slightly higher statistic than the state and national averages (County Health Rankings and Roadmaps, n.d.). On the other hand, a healthy diet and sufficient physical activity are protective factors against obesity (Office of the Surgeon General, 2001). These lifestyle choices contribute significantly to a healthy weight and encourage weight loss for already obese individuals (Office of the Surgeon General, 2001).

High-stress levels and lack of sleep are also associated with an increased risk of obesity (National Heart, Lung, and Blood Institute, n.d.). Chronic stress can cause hormonal changes that stimulate excess food consumption and the consequent storing of excess fat in the body (National Heart, Lung, and Blood Institute, n.d.). Further, studies show a connection between sleep deprivation and hormonal functions within the body that influence hunger and satiety (National Heart, Lung, and Blood Institute, n.d.). About one-third of Sanpete residents report getting insufficient sleep (County Health Rankings and Roadmaps, n.d.), a potential contributing factor to adult obesity. It is natural to conclude that adequate sleep and proper stress management are protective factors associated with decreased risk of obesity in adults.

It is worth noting that age and genetics also play a role in obesity risk. The likelihood of obesity increases with age, from young adulthood to age 60-65 (National Heart, Lung, and Blood Institute, n.d.). Some studies indicate obesity is linked with genetics, which tends to be shared in some families compared to others (National Heart, Lung, and Blood Institute, n.d.). Research further shows that some DNA elements correlate with obesity (National Heart, Lung, and Blood Institute, n.d.).

At the relational level on the social-ecological model, family habits and environment impact the type of food consumption and behaviors that increase obesity risk (Centers for Disease Control and Prevention, 2021). An individual's intimate social circle, including spouses, siblings, partners, and peers, has powerful sway in their daily behavioral choices and outcomes (Centers for Disease Control and Prevention, n.d.) Families share unhealthy eating habits and lack of physical activity, which are then passed on to the next generation, perpetuating the cycle of influence. Take, for example, practices like watching television during family mealtimes. An interesting study shows that adults who do not watch television at family mealtimes are 37% less likely to be

obese than adults who always watch television during meals (Tumin & Anderson, 2017). The same study indicates that adults who ate meals that were all home-cooked were at 26% lower risk for obesity compared to adults who had partially home-cooked meals or did not eat them at all. Based on these numbers, it seems that not watching television during meals and eating more home-cooked meals as a family are protective factors contributing to decreased risk for adult obesity.

On a community level, obesity risk can be exacerbated due to limited access to gyms, parks, or recreational centers (National Heart, Lung, and Blood Institute, n.d.). In Sanpete County, few gyms exist that are not large enough to accommodate many patrons. Additionally, a gym membership is a luxury many cannot afford due to economic constraints and low median income. There is one recreational center owned by Snow College, a local junior college in the area. However, this facility is outdated, and access is restricted to specific days and times because of college-related events and activities.

Fast-food availability and non-designated walking and biking trails are also elements that contribute to obesity risk (National Heart, Lung, and Blood Institute, n.d.). In Sanpete County, several fast-food options are available, including the new phenomenon of soda shacks in every town. Soda shacks are quick, drive-thru services that sell mixed soda drinks with a variety of sodas, syrups, and creams from which to choose. Easy access to these fast-food services encourages poor diet choices. What's more, the lack of designated recreation trails discourages healthy physical activity.

The development of marked and paved trails used only for biking, jogging, and walking would be a beneficial community prevention measure to combat obesity. Concerning the relationship between public health and transportation, measures to increase walking and biking activities and reduce motor vehicle use are important aspects of the program Health Impact in 5

Years, or HI-5 (CDC, 2021). Program initiatives aim to increase positive health outcomes in the community, and access to biking and walking trails is a significant preventative factor in combating obesity (CDC, 2021).

From a societal perspective, lower socioeconomic status is a risk factor for obesity (National Heart, Lung, and Blood Institute, n.d.). Citizens on the lower socioeconomic scale are more likely to participate in the supplemental nutrition assistance program called SNAP. A study by the USDA showed that non-elderly adult females who participated over two years in the program increased their risk of being obese by 4.5% - 10% (Snap to Health, n.d.). This trend was not seen in adult males, however. In Sanpete County, 50% of children are eligible for the free lunch program, 4% of residents have limited access to healthy foods, and 13% report having food insecurity (County Health Rankings and Roadmaps, n.d.). These figures indicate that residents in this area struggle with societal constraints that may contribute to higher rates of adult obesity.

Societal prevention initiatives can help reduce obesity risk. For example, low-income communities may not have access to healthy foods such as fresh fruits and vegetables. The federal government provides funding to local health departments to distribute more nutritious foods to schools and local organizations in need of these resources (Utah Department of Health, 2021).

Social support strategies that provide networks where people can connect and take action together can be powerful tools to help obesity prevention (CDC, 2021). Organizing inclusive and accommodating groups help individuals feel less resistant and more motivated toward physical activity (CDC, 2021). These groups can be formed as walking or activity groups that engage in physical activities together, reinforcing positive behaviors in an environment of encouragement and support.

PART 3: THEORIES OF PREVENTION

Adult Obesity in Sanpete County, Utah

Theories of prevention are frameworks used to conceptualize and alleviate health problems in communities and society at large (National Cancer Institute, 2005). Theories act as guideposts that inform and steer interventions and programs toward behavioral and social change. An applicable theory of prevention for obese adults in Sanpete County is social cognitive theory.

Social cognitive theory is ideally suited for this population because of the emphasis placed on behavioral constructs that lead to positive outcomes (National Cancer Institute, 2005). Underscoring the theory is the potential of individuals to believe that improving their lives is not insurmountable, accruing to self-efficacy. Goals are set to achieve change with an expectation of positive outcomes such as reducing obesity through better eating habits and regular exercise.

Social cognitive theory is known for its effectiveness in changing dietary behaviors (National Cancer Institute, 2005). Research shows that implementing the principles of social cognitive theory works in practical application. One study observed the effects of an exercise program, increasing self-efficacy and self-regulation in making healthier diet choices in obese adults (Annesi & Tennant, 2013). The fact that research supports social cognitive theory for use in the arena of dietary issues makes it a unified theory of choice when tackling adult obesity.

Social cognitive theory is based on six interrelated concepts: Reciprocal determinism, behavioral capability, expectations, self-efficacy, observational learning or modeling, and reinforcements (National Cancer Institute, 2005). These concepts can be applied to promote change and the prevention of obesity in adults. Reciprocal determinism explains the relationship between the individual, behavior, and the environmental influences that impact behavior (National Cancer Institute, 2005). Behavioral capability refers to the knowledge and ability to learn and apply behaviors (National Cancer Institute, 2005). Expectations are the projected results of a

behavior (National Cancer Institute, 2005). Self-efficacy is the internal belief that change is possible despite challenges (National Cancer Institute, 2005). Observational learning or modeling happens when behaviors are learned by watching examples or role models, then following in their footsteps (National Cancer Institute, 2005). Reinforcements occur to solidify or discourage behavior based on the kind of responses received by others (National Cancer Institute, 2005).

When using social cognitive theory for obesity prevention in adults, efforts could be made to educate the community by teaching skills related to health improvements such as cooking classes and exercise programs (behavioral capability). Learning these skills can motivate community members by understanding the benefits of healthy eating and physical exercise (expectations). Instructors can help community members commit to change by emphasizing the importance of goal setting and that small, short-term goals are best for achieving long-term success (self-efficacy). Individuals who have been through similar programs or experiences can serve as role models to encourage and support others (observational learning or modeling). Weekly rewards for weight loss can be provided and support groups for participants to process the emotional toll of struggling with obesity (reinforcement). As individuals make changes in their behavior and see others doing the same, the tone and messages of their environment become more suited to a healthy lifestyle (reciprocal determinism).

An evidence-based program applicable to adult obesity is called Faithful Families Eating Smart and Moving More. FFESMM emphasizes changes on the various levels of the social-ecological model. This includes the need for policy and environmental changes at the community level and encouraging physical exercise and a healthy diet at the individual and group levels (Center TRT, 2013).

FFESMM also operates distinctly from a social-cognitive perspective with an emphasis on behavioral capability and self-efficacy. For example, church and community leaders work together to provide education and promote practices that lead to healthier lifestyles. This includes offering classes and assisting individuals and families in setting goals related to dietary changes and daily exercise (Center TRT, 2013).

FFESMM targets faith-based communities. According to demographic statistics, nearly 80% of Sanpete County residents attend regular church meetings (Tri Grace Ministries, n.d.). FFESMM was also designed for communities with limited resources (Center TRT, 2013). As discussed in the scope and consequences section, Sanpete County is well below the state and national average for median household income (County Health Rankings and Roadmaps, n.d.). For these reasons, FFESMM would be an appropriate intervention to assist adults and families in combatting obesity. The program has mainly been implemented with African-American communities but has had success with other racial groups (Center TRT, 2013).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Adult Obesity in Sanpete County, Utah

The rates of adult obesity in Utah are higher for Hispanics than non-Hispanics. According to data, the percentage of obese Hispanic adults is 27.94%, compared to non-Hispanics at 24.8% (Utah Department of Health, n.d.). Though specific demographic data is not reported for Sanpete County, 9.5% of the population is Hispanic and contributes to Utah's numbers as a whole. Further, research suggests susceptibility to obesity extant in Hispanics or non-Whites compared to other sociodemographic groups (Sung & Etemadifar, 2019). The reasons for this vary from geographic isolation, low income, low education level, and other environmental and social risk factors (Sung

& Etemadifar, 2019). It is interesting to note relating to social cognitive theory that reciprocal determinism involves how the environment influences behavior in individuals and groups (Sung & Etemadifar, 2019). This could explain, in part, the discrepancies between the rates of obesity in Hispanics versus non-Hispanics.

A study conducted in Utah links neighborhood context to obesity disparities across ethnic groups (Wen & Maloney, 2011). Orientation of Hispanic sub-culture holds weight when considering lifestyle choices and culturally acceptable standards. For example, the current prevalence of obesity among ethnic Latinos increases obesity risk indicating the normative effects of obesity are underlaid by sociocultural subcontext that perpetuates itself (Wen & Maloney, 2011). In other words, practices related to obesity, such as poor diet and lack of physical activity, may not be stigmatized as they are with other sociocultural groups.

From a cultural standpoint, residential isolation from non-Hispanics translates to higher rates of obesity in Hispanic-concentrated neighborhoods (Wen & Maloney, 2011). This is mainly due to socioeconomic status and environmental infrastructure (Wen & Maloney, 2011). The Latino/Hispanic population in Sanpete County consists of generational immigrants who have settled in this area to live, work, and raise families. The Hispanic neighborhoods in Sanpete are primarily mobile-home parks concentrated and residentially isolated. The tendency for segregation and isolation effect combined with low socioeconomic status increases obesity risk (Wen & Maloney, 2011).

Prevention efforts to mitigate obesity rates must be culturally relevant when applying them to diverse ethnic groups like Hispanics. Cultural relevance considers how advocacy measures align with diverse groups' values, beliefs, and expected benefits (Reese & Vera, 2007). Effective interventions have cultural relevance by virtue of how well participants are recruited and to what

degree they continue and find success in the program (Reese & Vera, 2007). One method of increasing cultural relevance is offering participants an active role in constructing and evaluating appropriate interventions that respect cultural beliefs (Reese & Vera, 2007). Applying this in practice would allow the Hispanic community to have a voice in how the program is implemented and decide whether or not it is conducive to their cultural standards and way of life.

Another mechanism that expands upon this method is for prevention advocates to familiarize themselves with the community they intend to work with. It is crucial for advocating professionals to establish a good rapport with community members and understand their cultural norms and practices (Reese & Vera, 2007). Spending time and effort to get to know the community will produce dividends with successful outcomes, especially if intervention efforts are directed in areas highly valued by community members (Reese & Vera, 2007). One way to accomplish this task would be attending a cultural event within the Hispanic community, such as religious services or volunteering at a community function or service project.

It is important to consider ethical matters when evaluating the needs of diverse clients. The development of prevention planning for adult obesity requires multicultural awareness and sensitivity. ACA Code A.2.c. requires counselors to be transparent and impartial when explaining matters of informed consent (American Counseling Association, 2014). This includes tailoring procedures to meet clients' unique needs within a cultural context (ACA, 2014). For Hispanics, this would consist of considering and being mindful of language barriers. Having a family member or translator present could mitigate this problem when addressing informed consent so that comprehension is assured (ACA, 2014).

Another ethical consideration for prevention is noted in ACA Code A.7.b., which discusses the need for confidentiality when working towards advocacy for marginalized populations facing

systemic barriers to growth (ACA, 2014). Minority clients' rights must be respected, and their privacy and personal information protected by those advocating on their behalf. When working with the Hispanic population, it is also essential to consider that advocacy efforts may not be welcomed or desired. Obtaining consent from clients before advocating on their behalf is crucial to sound ethical practice (ACA, 2014).

PART 5: ADVOCACY

Adult Obesity in Sanpete County, Utah

Barriers to the prevention of adult obesity exist in the institutional, community, and public policy domains. Intervening on behalf of clients to address inequities related to privileged or marginalized clients is the crux of advocacy (Multicultural and Social Justice Counseling Competencies, 2015). Working with the adult obese population in Sanpete County requires advocacy tailored to address the needs of this rural community setting. This includes the contextual factors of church, work environments, and health care centers from an institutional point of view. It involves the cultural practices, norms, and beliefs of the community. It further consists of the policies enacted by state and local officials that affect health practices and outcomes.

At the institutional level, counselors work with clients to determine the level of support available to them (MSJCC, 2015). Several barriers arise due to a lack of supports. Physicians have difficulty providing proper weight counseling to patients in community health centers due to time constraints, and obesity is considered a non-priority compared to other medical concerns (Woodruff et al., 2016). Many clinicians also lack proper training in nutrition and physical activity interventions (Utah Nutrition and Physical Activity Plan, 2012). Medical providers are often unaware of community resources available to support patients with obesity (Utah Nutrition and

Physical Activity Plan, 2012). In addition, educating patients with obesity and providing appropriate interventions are not considered reimbursable by most insurers (Utah Nutrition and Physical Activity Plan, 2012).

In workplace settings, where adults spend nearly a third of their time (Utah Nutrition and Physical Activity Plan, 2012), employers lack awareness of the costs of obesity and the resources available to influence employees toward healthier lifestyles. Eighty percent of obese adults have diseases like diabetes, heart disease, or high blood pressure resulting in 39 million days of sick time used each year, a devastating blow to employers (Utah Nutrition and Physical Activity Plan, 2012). The absence of support and programs that encourage a healthy diet and physical activity is detrimental to employees' physical well-being and employers' bottom-line (Utah Nutrition and Physical Activity Plan, 2015).

Churches hold events like parties and celebrations that involve a variety of unhealthy food options. A level of peer pressure is attached to these events where abstaining is considered rude or indifferent. A form of guilt-tripping occurs if one attempts to decline politely and not partake. Though the church is regarded as an institution, this mentality manifests in the underlying culture, representing a community barrier where the values and norms of society cause oppression to individuals seeking a healthier lifestyle (MSJCC, 2015). At church functions, health consciousness lacks in the preparation and consumption of food, including healthy portion sizes (Utah Nutrition and Physical Activity Plan, 2012). Woodruff et al. (2016) referred to this problem concerning 'Southern' food culture. Similarities permeate the practices of rural Mormon culture. Sanpete consists of 78% active members of the Church of Jesus Christ of Latter-Day Saints (Tri Grace Ministries, n.d.). Church parties, potlucks, and family dinners feature unhealthy foods with minimal healthy options and oversized portions. Food choices consist of high consumption of

heavy caloric foods such as meat, high-fat dairy, ice cream, desserts, baked goods, and sugary drinks. These items the Centers for Disease Control and Prevention recommended should be reduced as part of a healthy eating plan (Utah Nutrition and Physical Activity Plan, 2012).

Another community barrier is the lack of healthy food sources. Woodruff et al. (2016) identified in a research study that unsupportive food environments were a common theme regarding community-level barriers to weight loss. Communities without access to farmer's markets and grocery stores limited in the selection of healthy foods are at risk (Woodruff et al., 2016). Sanpete County falls into this category, where access to healthy options is sparse, and unhealthy choices are cheaper and widely accessible. In Sanpete, stores like Whole Foods and other health-based chains are non-existent. Instead, citizens are constrained to the local grocery store, McDonald's, or Roy's Pizza.

Regarding public policy, barriers exist through a lack of partnerships between communities, organizations, and individuals. Action is needed on multiple levels where partnerships come together to implement diverse and creative measures that will bring systemic change to community practices and individual behaviors (Utah Nutrition and Physical Activity Plan, 2012). A combination of public, private, and non-profit partnerships serves to enact policies that promote healthy eating and physical activity. Without such partnerships, it is not easy to develop policies that can be adopted on a wide scale by schools, workplaces, organizations, and communities.

Engaging in advocacy efforts at each level, i.e., institutional, community, and public policy, is essential to being a multiculturally and social justice competent counselor (MSJCC, 2015). Institutionally, advocacy could be directed at reversing the inequities in the health care system that impede opportunities for individual growth and development (MSJCC, 2015). For the obese

population, this would include measures to support medical providers with the necessary training and support to treat obesity. Identifying ways to reimburse for services by promoting evidence-based treatments to patients, for example, would allow providers to spend the time and resources needed to treat this target population (Utah Nutrition and Physical Activity Plan, 2012). Health care professionals could routinely counsel patients about the risks of obesity and be more intentional with prevention practices such as BMI calculation and education on health risks of obesity (Utah Nutrition and Physical Activity Plan, 2012). It is important to note that health care providers can be one of the most influential obesity prevention and treatment sources. This is mainly because most Americans visit the doctor at least once a year (Utah Nutrition and Physical Activity Plan, 2012). If the health care community received the support and reimbursement needed for these services, the obese population would greatly benefit.

On the community level, action can be taken as a counselor to interface with local church leadership on behalf of clients, both privileged and marginalized. Incidentally, this could also be considered institutional advocacy because churches are considered social institutions. However, in this case, efforts would be directed at creating awareness of cultural practices of food preparation and consumption at church functions and educating and encouraging congregations to provide healthier choices and smaller portion sizes. This action would be effective because influencing the essence of the culture will create changes over the long term. A crucial part of community intervention is to confront the cultural norms, values, and behaviors embedded within the society that interfere with the health and development of individuals and groups (MSJCC, 2015). Working with people like church leaders in power positions is key to limiting oppressive practices that discourage healthy eating and perpetuate unhealthy patterns. This goes hand in hand with the

observational learning concept discussed in the social cognitive theory of prevention. Leaders act as role models that can impact others through their example (National Cancer Institute, 2005).

On the public policy front, state and local elected officials constitute the policymakers who influence the health and well-being of communities and individuals (MSJCC, 2015). However, partnerships are needed with public and private stakeholders to address obesity in the community entirely. For instance, when enacting policy on active living and the built environment, policymakers collaborate with community-based organizations, public health officials, community members, and business owners (Utah Nutrition and Physical Activity Plan, 2012). When working to change policy on food standards, policymakers work with schools, food vendors, local farmers, grocers, and others to promote changes in food access and distributional practices (Utah Nutrition and Physical Activity Plan, 2012). These partnerships are the mechanism to promote positive social change. As a counselor, developing partnerships between policymakers and shareholders is one way to advocate for equitable policies favorable and health-conscious toward the obese population.

REFERENCES

American Counseling Association (2014). 2014 ACA Code of Ethics. Retrieved from https://www.counseling.org/Resources/aca-code-of-ethics.pdf

Annesi, J. J., & Tennant, G. A. (2013). Mediation of social cognitive theory variables in the relationship of exercise and improved eating in sedentary adults with severe obesity. *Psychology, Health & Medicine*, *18*(6), 714–724. https://doi-org.ezp.waldenulibrary.org/10.1080/13548506.2013.766354

CDC. (n.d.). *The social-ecological model: A framework for violence prevention.*

Centers for Disease Control and Prevention. (2021). *Adult obesity causes and consequences.* https://www.cdc.gov/obesity/adult/causes.html

Centers for Disease Control and Prevention. (2021). Strategies to increase physical activity. https://www.cdc.gov/physicalactivity/activepeoplehealthynation/strategies-to-increase-physical-activity/index.html

Center TRT. (2013). *Faithful families eating smart and moving more.* http://www.centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/Faithful_Families_ESMM_Template.pdf

Chaudhari, V., & T. G., R. (2015). Mental health issues among adults with obesity. *Indian Journal of Health & Wellbeing*, *6*(7), 684–687.

County Health Rankings and Roadmaps. (n.d.). Utah, Sanpete. Retrieved June 7, 2021, from https://www.countyhealthrankings.org/app/utah/2021/rankings/sanpete/county/outcomes/overall/snapshot

Multicultural and Social Justice Counseling Competencies. (2015). Retrieved July 13, 2021, from http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20

National Cancer Institute (2005). *Theory at a glance: A guide for health promotion practice.* Washington, DC: U.S. Department of Health and Human Services: National Institutes of Health. https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf

National Heart, Lung, and Blood Institute. (n.d.). *Overweight and obesity.* https://www.nhlbi.nih.gov/health-topics/overweight-and-obesity

Office of the Surgeon General (US). (2001). *The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity*.

Reese, L. E., & Vera, E. M. (2007). Culturally relevant prevention: The scientific and practical considerations of community-based programs. *The Counseling Psychologist,* 35(6), 763-778.

Snap to Health. (n.d.) Snap and obesity: The facts and fictions of SNAP nutrition. Retrieved June 13, 2021, from https://www.snaptohealth.org/snap/snap-and-obesity-the-facts-and-fictions-of-snap-nutrition/

Sung, B., & Etemadifar, A. (2019). Multilevel Analysis of Sociodemographic Disparities in Adulthood Obesity Across the United States Geographic Regions. *Osong Public Health and Research Perspectives*, *10*(3), 137–144. https://doi-org.ezp.waldenulibrary.org/10.24171/j.phrp.2019.10.3.04

Tri Grace Ministries. (n.d.). *Mission field demographics*. Sanpete: County religious demographics. Retrieved June 13, 2021, from https://www.trigrace.org/about-us/demographics.html

Tumin, R., & Anderson, S. E. (2017). Television, Home-Cooked Meals, and Family Meal Frequency: Associations with Adult Obesity. *Journal of the Academy of Nutrition & Dietetics*, *117*(6), 937–945. https://doi-org.ezp.waldenulibrary.org/10.1016/j.jand.2017.01.009

United States Census Bureau. (n.d.). *Quick Facts Sanpete County, Utah*. https://www.census.gov/quickfacts/sanpetecountyutah.

Utah Department of Health. (2019, April). *The Hidden Epidemic of Obesity: A Closer Look at Unhealthy Weight.* https://ibis.health.utah.gov/ibisph-view/pdf/opha/publication/hsu/2019/1904_Obesity.pdf

Utah Department of Health. (2021, January 5). *Complete Health Indicator Report of Overweight or Obese*. https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/OvrwtObe.html

Utah Department of Health (n.d.). *Obesity in Utah*. Retrieved July 4, 2021 from https://choosehealth.utah.gov/documents/pdfs/factsheets/factSheet_obesity_v5.pdf

Utah Nutrition and Physical Activity Plan 2010 to 2020, Version 2.0. (2012). Salt Lake City, Utah: Utah Department of Health. Retrieved July 13, 2021 from https://choosehealth.utah.gov/documents/pdfs/U-PAN_State_Plan.pdf

Wen, M., & Maloney, T. N. (2011). Latino residential isolation and the risk of obesity in Utah: The role of neighborhood socioeconomic, built-environmental, and subcultural context. *Journal of Immigrant and Minority Health*, *13*(6), 1134–1141. https://doi-org.ezp.waldenulibrary.org/10.1007/s10903-011-9439-8

Woodruff, R. C., Schauer, G. L., Addison, A. R., Gehlot, A., & Kegler, M. C. (2016). Barriers to weight loss among community health center patients: qualitative insights from primary care

providers. *BMC Obesity*, *3*, 43. https://doi-org.ezp.waldenulibrary.org/10.1186/s40608-016-0123-3

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