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Prevention of Adult Obesity Through Targeting Adolescents with Counseling Educational Groups Combining Nutrition, Mindfulness, Self-Esteem, and Healthy Living

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

Kerri Shoumaker

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OVERVIEW

Keywords: obesity prevention, Kitsap County, Washington, emotional eating, self-esteem, depression, Social-Ecological Model (SEM), obesity protective factors, self-efficacy, COPE, obesity advocacy, Social Cognitive Theory (SCT), Communication Theory

Prevention of Adult Obesity Through Targeting Adolescents with Counseling Educational Groups Combining Nutrition, Mindfulness, Self-Esteem, and Healthy Living.

Goal Statement: The goal of this portfolio aims to prevent adult obesity through the immersion of counseling educational groups targeting adolescents within the communities of Kitsap County.

Significant Findings: Kitsap County, Washington, has an adult population of 214,142 people (United States Department of Commerce, 2022). Approximately 30% are obese, which is 2% higher than Washington state (CDC, n.d.-b). Obesity increases the risk factor for severe diseases, including depression, and is a major risk factor for premature death (Bergantin, 2020).

Mitigating risk factors through bolstering protective factors is essential for obesity prevention at multiple levels of the Social-Ecological Model. Social Cognitive Theory and Communication Theory have shown efficacy in addressing obesity. Cultural sensitivity is vital to reach all populations of Kitsap County. Finally, addressing barriers at multiple levels through advocacy is necessary for obesity prevention in Kitsap County.

Objectives/Strategies/Interventions/Next Steps:

1. Collaborate with stakeholders and counselors to conduct research to tailor the program in a culturally sensitive way to thoroughly address the target group's needs for obesity prevention.
2. Collaborate with local schools, counselors, and stakeholders to immerse the counseling education groups in Kitsap County or local communities.

3. Create an encouraging environment through a supportive media campaign, including school banners, newspaper articles, health fairs, and media bulletins.
4. Create a community advocacy committee to execute advocacy action steps to remove the socioeconomic barriers identified by this portfolio.
5. Create a community preventative services task force with Kitsap Mental Health Services or local mental health services to track results, gather feedback, and implement necessary change tactics to keep the obesity prevention program on target. Please reference the evidence-based program COPE identified in part three of this portfolio (National Institute of Health, 2023).

INTRODUCTION

Prevention of Adult Obesity Through Targeting Adolescents with Counseling Educational Groups Combining Nutrition, Mindfulness, Self-Esteem, and Healthy Living.

Obesity is a significant problem in Kitsap County, Washington. In fact, 30% of its residents over eighteen years of age have a Body Mass Index (BMI) of 30 or greater (CDC, n.d.-b). The top two causes of death in Kitsap County are cancer and heart disease, both of which obesity is a contributing factor (United States Census Bureau, 2022). Obesity also puts people at risk for metabolic disease and a lowered quality of life. Ultimately, it decreases life expectancy (Frank et al., 2019). Despite Kitsap County having an 87% rate of access to exercise opportunities and only a 15% rate of physical inactivity, Kitsap struggles with a 2% higher rate of obesity than Washington State (CDC, n.d.-b). This highlights the need for a prevention program centered around nutrition, mindfulness, self-esteem, and healthy living for adolescents. According to Dr. Tucker (2015), disease prevention is far less stressful on the body and wallet. Targeting adolescents with education is an avenue for preventing obesity in adults, which is a significant

concern in Kitsap County. This portfolio will examine the scope of the issue, the consequences, possible interventions, diversity considerations, and advocacy.

PART 1: SCOPE AND CONSEQUENCES

Prevention of Adult Obesity Through Targeting Adolescents with Counseling Educational Groups Combining Nutrition, Mindfulness, Self-Esteem, and Healthy Living.

Target Problem

The target problem is the high obesity rate in adults in Kitsap County, despite access to exercise opportunities and a lower rate of physical inactivity. Obesity increases the risk factor for severe diseases, including depression, and increases medical costs (Dakanalis, 2023). It is a major risk factor for preventable premature death.

Scope of the Problem

Kitsap County has an adult population of 214,142 people (United States Department of Commerce, 2022). Approximately 30% or 64,243 are obese (CDC, n.d.-b). This rate is 2% higher than the state of Washington's average. Obesity rates are higher in lower-income and lower-education households (US Dept. of Human Health Services, 2022). Obesity is a vast problem and, according to national trends, has increased from 30.5%-41.9% from 2000-2020 (CDC, 2022).

Consequences of the Problem

Obesity has severe health and financial consequences. Often health and financial difficulties are passed to the children. Obese people pay approximately \$1,861 more in medical costs per year than people with a healthy weight (US Dept. of Human Health Services, 2022).

Additionally, as body mass index (BMI) increases, the number of work days missed increases

(Gupta et al., 2020). Furthermore, obesity increases the risk of depression (Bergantin, 2020). In fact, 28.6% of Kitsap County adults reported being diagnosed with a depressive disorder, which correlates with Kitsap's 30% rate of obesity (Kitsap Public Health District, 2022). Obesity also increases the risk of heart disease, type 2 diabetes, stroke, cancer, and joint disease. The consequence of obesity is decreased quality of life and premature death.

Goal Statement

The goal of this portfolio aims to prevent adult obesity through the immersion of counseling educational groups targeting adolescents within the communities of Kitsap County.

PART 2: SOCIAL-ECOLOGICAL MODEL

Prevention of Adult Obesity Through Targeting Adolescents with Counseling Educational Groups Combining Nutrition, Mindfulness, Self-Esteem, and Healthy Living.

The Social-Ecological Model (SEM) was developed to understand how different levels of society interact and affect prevention efforts (CDC, n.d.-a). The individual, relationship, community, and societal levels are interwoven and help determine strategies for targeting issues. According to the Centers for Disease Control (CDC), action is most effective when multiple levels are acted upon simultaneously (CDC, n.d.-a). This ensures the most favorable outcome for establishing and sustaining prevention programs. The issue of adult obesity prevention in Kitsap County, Washington, will be analyzed through the SEM lens. The framework of levels and their interplay with risk and protective factors will be examined to address the problem through an effective prevention program.

Risk and Protective Factors at the Individual Level

At the individual level of the SEM, biological factors, income, education, and personal history are contributing factors (CDC, n.d.-a). Specifically for obesity, such risk factors as genetic predisposition, history of weight issues, history of depression, emotional eating, decreased access to healthy food, and lack of healthy living education increases the likelihood of adult obesity (Dakanalis, 2023). According to research, watching television is a risk factor at the individual level (Tekalegn et al., 2021). Protective factors, which can act as safeguards against risk factors, will help drive prevention of the problem (SAMHSA, n.d.-a). Individual protective factors for obesity include high levels of self-esteem, self-confidence, and self-awareness (Dakanalis et al., 2023). Studies have been shown to link self-esteem and obesity. In fact, low self-esteem in children is a predictor of adult obesity (Cheng & Furnham, 2019). Cheng and Furnham (2019) confirm that increased self-esteem in children is a protective factor against adult obesity and is a crucial component of the prevention program.

Risk and Protective Factors at the Relationship Level

The relationship level of the SEM highlights the influence of close social peers, partners, and family members on an individual's behavior and experience (CDC, n.d.-a). This level is akin to the microsystem level of Bronfenbrenner's (1974) ecological systems theory, which postulates being the most influential level on developing children (Guy-Evans, 2020). This is an important consideration for prevention programs. Risk factors for obesity at this level include friends with disordered eating, parents who are obese, family members who use food as a coping mechanism, parents with depression, and parents providing inadequate supervision (Lindsay et al., 2017). Research has shown that the level of family emotional support can either become a risk or protective factor for obesity (Lincoln et al., 2022). Family members who model healthy living, parents who boost self-esteem, and peers who foster self-confidence serve as protective factors.

Scientific research has pointed to evidence linking caregivers' influence on children's development of healthy behaviors through modeling healthy behaviors (Lindsay et al., 2017). Likewise, another study revealed that white adolescent females were 22-40% more likely to be overweight or obese if their friends were (Bruening et al., 2015). Therefore, it is important to address relationship-level factors when creating a prevention program for obesity.

Risk and Protective Factors at the Community Level

The community level seeks to understand how social settings such as schools, job sites, and places people gather affect them (CDC, n.d.-a). Making these places as safe as possible is paramount. Risk factors for obesity at this level include not having access to healthy choices at school lunch, not having close access to community parks or community gyms to exercise, and school organizations that are not inclusive (Economos, et al., 2023). Research has shown that communities with higher meat and alcohol consumption have an increased risk factor for obesity (Fikre et al., 2022). Psychological stress occurs when people are not included as members of their communities. Research has shown that psychological distress increases emotional eating, increasing obesity, and depression (Dakanalis et al., 2023). Protective factors for obesity at this level include healthy school lunch choices, fewer fast food locations, and community support groups. In fact, a study forming a community coalition to prevent the obesity of children showed increased knowledge through social connections and an increase in the prevention of childhood obesity (Economos, et al., 2023). Targeting prevention programs at the community level is a vital part of the SEM.

Risk and Protective Factors at the Societal Level

The societal level targets larger facets such as policy. This is where public policies regarding health, education, and economics drive programs (CDC, n.d.-a). Risk factors for obesity at this

level include a lack of policy regarding financial assistance for healthy foods, unemployment, a lack of nutrition and healthy living campaigns, and a lack of medical care programs. Research has shown that societies that lack knowledge of the dangers of obesity are at a higher risk for obesity (Visscher et al., 2017). Protective factors would include government policies that provide access to healthy food, unemployment benefits, medical care, and educational programs on healthy living (Hughes & Kumari, 2017). For example, when programs to reduce unemployment are cut back, unemployment times increase. Research shows that the unemployed showed a higher propensity for obesity (Hughes & Kumari, 2017). This highlights the intertwining of the SEM model. It also highlights the necessity of public policy to decrease the wedge of social inequalities in society. Public policy is an integral part of obesity prevention.

Conclusion

In summary, each layer of the SEM model is of equal importance. Addressing individual, relationship, community, and societal needs is necessary. This allows change makers to understand how factors influence one another. Awareness of risk and protective factors is also paramount. Clearly, all layers must be addressed simultaneously to develop a sustainable program for obesity prevention in adults in Kitsap County, Washington.

PART 3: THEORIES OF PREVENTION

Prevention of Adult Obesity Through Targeting Adolescents with Counseling Educational Groups Combining Nutrition, Mindfulness, Self-Esteem, and Healthy Living.

This section will discuss theories of prevention, specifically Social Cognitive Theory (SCT), which will be applied at the interpersonal level, and Communication Theory, which will be

targeted at the community level of the SEM model. These theories will work in conjunction to support the prevention of adult obesity in Kitsap County, Washington.

Social Cognitive Theory posits that people are influenced by their behaviors, personal factors, and environments (National Cancer Institute, 2005). People also learn through others' experiences. SCT uses cognitive, behavioral, and emotional processes to produce behavior change (National Cancer Institute, 2005). Furthermore, it postulates that people can overcome obstacles and make changes if goals, self-efficacy, and outcome expectancies exist (National Cancer Institute, 2005).

Research has shown that applying SCT to a community-based program for obesity demonstrated a six-month weight reduction (Annesi, 2022). Through this program, people showed improvements in self-efficacy, self-regulation, and mood. Self-regulation change was the biggest predictor of weight loss. The study concludes that focusing on emotional eating is paramount in creating a successful obesity program. This is especially applicable to Kitsap County, Washington, because 65.4% of adults reported having over fourteen poor mental health days (Kitsap Public Health District, (2022). This highlights the perpetuation of the emotional eating, obesity, and depression cycle. Additional research has shown that the following constructs of SCT were predictors of obesity prevention behaviors; awareness, outcome expectancies, observational learning, self-efficacy, and self-control (Mohammad et al., 2022). Interventions addressing these constructs will be vital in the obesity prevention program for Kitsap County, Washington.

Communication Theory focuses on how different types of communication affect peoples' health behavior (National Cancer Institute, 2005). Examples would be the messages people receive from the public, media, and policy that influence them. In fact, research suggests that

media campaigns effectively change people's knowledge and attitudes (Kite et al., 2018). Further research studying the Live Lighter Campaign to reduce adult obesity revealed a decreased intake of sugary drinks and sweet foods post-campaign (Ananthapavan et al., 2022). In conclusion, the research points to the validity of Communication Theory.

Reaching people through various communication platforms will increase the target population's awareness and knowledge regarding access to resources. Incorporating this with targeting obesity prevention predictors with SCT will greatly impact the effectiveness of obesity prevention in Kitsap County, Washington. A comprehensive approach targeting multi-levels of the SEM model will produce a compound effect for the target population.

An existing evidence-based program that has demonstrated effectiveness in a similar target population is COPE (Creating Opportunities for Personal Empowerment) This program focuses on positive thinking, emotions, exercise, and nutrition (National Institute of Health, 2023). This school-based intervention was designed to incorporate healthy eating, physical activity, and mindfulness to reduce obesity in people ages 11-18 (National Institute of Health, 2023). This program merits comparison because it incorporates similar factors such as nutrition, mindfulness, and emotions, like the obesity prevention program for Kitsap County. The evidence-based program highlighted the importance of incorporating positive thinking, coping skills, and stress management (National Institute of Health, 2023). Research has shown that emotional eating to manage unpleasant feelings has a negative impact on weight (Beaulac & Mercer, 2019). In conclusion, COPE demonstrated a decrease in body mass index, a decrease in weight, an increase in physical activity, and decreased depression (National Institute of Health, 2023). Due to COPE's success, the factors of positive thinking, coping skills, and stress management will also be emphasized in the healthy living portion of the obesity prevention program. Additionally,

COPE, which was monitored by a community preventative services task force, incorporated cognitive behavioral skills, which is a similar approach to the obesity prevention program for Kitsap County taught by licensed mental health counselors (National Institute of Health, 2023).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Prevention of Adult Obesity Through Targeting Adolescents with Counseling Educational Groups Combining Nutrition, Mindfulness, Self-Esteem, and Healthy Living.

Obesity is drastically increasing in Kitsap County, Washington. Here, obesity is more prevalent in the Hispanic population and those with a lower education level (Washington State Department of Health, 2022). Finding ways to increase the cultural relevance of the obesity prevention program is critical for reaching the subset group of Hispanics within the target population. The implications of diversity on prevention programs will be explored, as well as ethical considerations.

Approximately 10% of Kitsap County, Washington, is Hispanic, and they suffer the highest rates of obesity (United States Census Bureau, 2022). Furthermore, according to the Washington State Department of Health (2022), 36% of Hispanics are considered to be obese, 33% have less than a high school education, and 33% have a household income of less than 25,000 dollars. These factors clearly highlight the importance of diversity considerations in the obesity prevention program.

Prevention efforts must first identify and understand culturally relevant factors. It is important to recognize that not all Hispanic cultures are the same. Understanding the cultures' beliefs about body image, self-disclosure, intervention settings, and perception is paramount

(Lindberg et al., 2013). In a study by Lindberg et al. (2013), Hispanic mothers equated health and vitality with images of plump women and children. This is an example of how cultural beliefs about body image may conflict with the prevention program. Understanding this and adding culturally sensitive education to define obesity will decrease false perceptions of what obesity is and increase participation.

It is important to apply mechanisms to increase cultural significance. When working with communities, it is vital to identify stakeholders to help identify cultural values, encourage a collaborative process, and establish group goals (SAMHSA, n.d.-b). Furthermore, to establish purpose and meaning, cultural factors that need to be considered for the obesity prevention program include Hispanic cultures' view of obesity, acculturation level and discrimination, relationships, health concerns, communication styles, worldview, and self-concept. (SAMHSA, n.d.-b). This is highlighted by a study that revealed that neighborhood storytelling and family interaction were integral to fruit and vegetable consumption and exercise engagement (Wilkin et al., 2015). Additional research concluded that Latinas viewed staying healthy to care for their families as a driving force (Benitez et al., 2017). Finally, according to Benitez et al. (2017), prevention groups that established family and social support enabled the process of change. Incorporating these mechanisms will increase engagement, but showing the community respect will help ensure connection and sustainability.

Finally, the ethical considerations of establishing an obesity prevention program in Kitsap County will be discussed. As a future mental health counselor, it is important to honor diversity, respect all clients, and uphold an ethical commitment. Informed consent for the prevention program is vital (ACA, 2014; Section A.2) and providing information in a culturally sensitive way (ACA, 2014; Section A.2.c). This will allow the participants to feel safer by understanding

how confidentiality works. Providing and explaining the limitations of confidentiality is also imperative (ACA, 2014; Section B.1.c). As well as respecting a client's rights and diversity considerations (ACA, 2014; Section B.1.a). Finally, being immersed in Kitsap County's Hispanic population will create awareness for increased advocacy as a counselor to promote client growth (ACA, 2014; Section A.7.a).

PART 5: ADVOCACY

Prevention of Adult Obesity Through Targeting Adolescents with Counseling Educational Groups Combining Nutrition, Mindfulness, Self-Esteem, and Healthy Living.

Advocacy is a necessary tool for positive change. It is also necessary to increase social justice (Murray & Crowe, 2016). Understanding people's histories and whether the need lies in advocating with or advocating for clients are the first steps (Toporek et al., 2009). In this case, identifying barriers to the obesity prevention program is another critical step. Barriers and advocacy actions for the target population of adolescents will be discussed as it relates to the institutional, community, and public policy levels.

Barriers and Advocacy Actions at the Institutional level Level

According to the Multicultural and Social Justice Counseling Competencies (2015; MSJCC), the institutional level consists of social institutions such as schools, churches, and community organizations. Research has shown that barriers at schools that block obesity prevention efforts include a lack of school support for the prevention program and an emphasis on academics versus health (Langford et al., 2015). Additionally, according to Moyers (2005), school nurses

perceived that helping children with obesity prevention was too difficult. Finally, a lack of parental support is a barrier to obesity prevention programs in schools (Jones et al., 2014).

The first step in addressing these barriers and promoting social justice is to conduct research, collaborate and connect with the institution, in this case, the local junior and high schools (MSJCC, 2015). Specifically, advocacy action steps to remove the barriers include tailoring the prevention program to the school's needs and implementing strategies such as aligning the obesity program interventions to the school's core aim. Additionally, according to Langford (2015), providing training and support for teachers and school nurses and creating a message of alliance between academics and health. Finally, according to Jones et al. (2014), sending out letters of support from government organizations promoting adolescent health increased parental engagement in school prevention programs. Removing these barriers will increase support for the obesity prevention program.

Barriers and Advocacy Actions at the Community Level

According to the MSJCC (2015), the community level represents the norms, values, and regulations engrained in a society that can impede or enhance the growth of its members. Holsen (2021) states that a lack of community buy-in to understanding the importance of changing habits is a barrier to obesity prevention programs. Furthermore, a communities beliefs about food, and belief in the role of self-efficacy, are also barriers (Ganter et al., 2015). Specifically, this is demonstrated by Kitsap County having an 87% rate of access to exercise opportunities and only a 15% rate of physical inactivity, yet Kitsap struggles with a 30% rate of obesity (CDC, n.d.-b). Clearly, lack of knowledge, beliefs about food, and self-efficacy play a role in this community.

According to Subica et al. (2016), knowledge is a health-protective resource; a deficit in knowledge limits the capacity for communities to make healthy choices. The first step is to conduct qualitative and quantitative research on how these norms and values shape the community around the target population (MSJCC, 2015). This will help target the obesity prevention program's penetration into the community and its effectiveness. A needed advocacy action item would be to create a community health campaign to increase obesity knowledge. Specifically, a health fair. The health fairs would be offered on different days with a wide window of time. This would ensure sociocultural sensitivity and accessibility. The community health fair would bring health providers, mental health counselors, and community members together. It would combine increasing knowledge and fun. The health fair could offer free blood testing, culturally specific pamphlets, guides, and free samples of healthy foods. It would also provide counselors offering free consultations to increase knowledge of the importance of self-efficacy. According to Chin et al. (2021), health fairs effectively provided outreach and encouragement. Furthermore, Subica et al. (2016) found that health fairs facilitated education and empowerment within their target population. This would help bring stakeholders together. Kitsap County could benefit from health fairs.

Barriers and Advocacy Actions at the Public Policy Level

The MSJCC (2015) defines the public policy level as the local, state, and federal laws that are responsible for people's growth and development. Barriers at this level include lobbyists from powerful food companies that manufacture unhealthy foods and misconceptions about legislating foods at schools (Dodson et al., 2009). Additional barriers include the high amount of fast food located near schools and the high amount of fast food advertisements by large chains (Shanaz et

al., 2021). According to Ryser and Ramunno (2019), there are seven times more convenience stores and fast food restaurants than supermarkets located within a half mile of Kitsap schools.

The first step is to discuss with the community members through a town hall meeting or survey to see how they are being helped or hindered by policies, then follow up with thorough research to focus on advocacy needs (MSJCC, 2015). Advocacy action at this level would include fostering awareness and support for senators going up against food companies.

Advocacy action also includes lobbying for policy change to disallow fast-food restaurants within a two-mile radius of a school. This is comparable to the drug-free school zone policy, which gives schools a 1,000-foot buffer from people selling drugs. Freer and Keefer (2022) cited 2.7 fewer drug crimes near schools since the policy was enacted. Securing a no-fast food zone around schools would decrease the target population's access to unhealthy foods.

In conclusion, listening to people to understand the changes they desire is key. Many factors at the institutional, community, and public policy levels affect change. Identifying barriers is vital to enacting creative solutions. Finally, advocacy at each level is necessary to combat the obesity epidemic in Kitsap County.

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