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Daphnee A. Guillaume

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Childhood Obesity in America: The Leadership Role of Schools in Prevention

Daphnee A. Guillaume, BA

ABSTRACT

Childhood obesity is a major public health concern; children are being diagnosed with adult type diseases and health conditions, such as type 2 diabetes, hypertension, cardiovascular disease, etc. Still, over the past decade there have been many attempts by schools, and even the federal government to address the situation, yet there hasn't been an effective model that has been able to do so. The schools in this country are not consistent when it comes to addressing the issue of childhood obesity. Out of the 50 states in this country, only 19 have nutritional standards for school meals, though all 50 states have some form of physical education requirements, some students are still not getting the necessary (150 minutes per week) physical activities in school. Through John Kotter's 'Eight-stage process for creating major change', we cannot only continue to include school officials and teachers as part of the process, but we would be able to include, public health officials, parents, community leaders, and the students to come together to fix this matter.

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Background

We all have heard the saying, "today's youth are the first generation to not outlive their parents." This saying is sad, yet it is a critical matter that those in the public health and education spectrum need to address quickly. The rate of childhood obesity has doubled over the last twenty years; children and adolescents are at risk for cardiovascular disease, sleep apnea, type 2 diabetes (Alves, Tran & Sherman, 2010). These are typically health concerns of individuals who are approaching the later stages of life, not for grade school students. Being overweight, or obese, can not only have negative health impacts, but can cause emotional and psychological stress, "*Childhood overweight also is associated with social and psychological problems, such as discrimination and poor self-esteem*" (Dietz, Lee, McKenna & Wechsler, 2004). It's hard enough having to grow up and go through the different stages of childhood and adolescence, and wanting to be accepted by your peers, while finding your individuality, however adding the (unnecessary) stress of being overweight and/or obese, can make life a bit more challenging for these children.

There are several factors that are responsible for this epidemic; one of the main factors that I will be focusing on is the nation's school system. Students spend a good portion of their time in school, and yet they are not getting the proper nutrition and physical activity that children need. Children are required to have physical education three or more times a week or 150 minutes per week (Alves, Tran & Sherman, 2010), and even though all 50 states in the United States has physical education requirements, only 20 states (Florida included) that have passed requirements for BMI screenings of children and adolescents, or other weight related

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assessments in schools (Trust for America's Health 2009). However, only 19 states have nutritional standards for school meals such as breakfast, lunch, and snacks that are stricter than what is required by the USDA (U.S. Department of Agriculture n.d.), and only 27 states have nutritional standards for competitive foods (such as á la carte, vending machines, in school stores, and bake sales), (Florida is not included in either requirement), (Trust for America's Health 2009).

In this paper I apply John Kotter's eight-stage process for creating major change as a leadership model. My reasons for choosing this the model, is because it has the ability to not only include school officials and teachers, but parents, communities, public health individuals, and students can all be included with helping to change the issue of childhood obesity, as well as how schools, all of them (nationwide), can become a healthier setting for children who are overweight/obese or of an ideal weight.

Significance of the Problem

Why is this issue important? It is important because, as mentioned earlier, the health of today's children are far more terrible than of those of children from past decades, "*10 years ago type 2 diabetes was almost unknown among young people, but in some communities it now accounts for 50 percent of new cases of diabetes among children or adolescents*" (Dietz, Lee, McKenna & Wechsler, 2004). The most common chronic disease that is now affecting more than 151,000 children and adolescents every year is diabetes, and of that only a little over 13,000 are diagnosed with type 1. "*Health care providers are finding more and more children with type 2 diabetes, a disease usually diagnosed in adults aged 40 years or*

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older" (Centers for Disease Control and Prevention [CDC], 2010). It is disturbing that diseases and health conditions that individuals in their 40s or 50s are more likely to be faced with are now affecting children as young as 10 years old are now being faced with those same health concerns.

Additionally, there's a disproportion of children who are overweight and obese in this country, adolescent boys who are Mexican-American (25.5%), Black (non-Hispanic) girls (23.2%), and American Indian youth all have a higher rate of being overweight (Dietz, Lee, McKenna & Wechsler, 2004). The same disparity is common when we speak about type 2 diabetes as well; children and adolescents who are diagnosed with type 2 diabetes are from all ethnic backgrounds, yet it is more commonly seen in those who are from non-white backgrounds, however, a significant increase in prevalence in type 2 diabetes has been found only in children and adolescents who are American Indian (CDC, 2010). It has been said that if children continues to develop chronic diseases such as diabetes, the consequences can be staggering; one in three children born in the year 2000 will develop diabetes (Geraci, 2009).

"Childhood obesity continues to be a leading public health concern that disproportionately affects low-income and minority children" (CDC, 2009). Social economic status is an issue that has been evaluated in the matter of childhood obesity. Many of these children live in areas where there are not any grocery stores near, and the stores that are nearby does not have fresh food and produces, and sometimes they do not have any sort of fruits and vegetables at all, such as canned or frozen. According to Geraci (2009), the only time children have fruit is if it's a flavor for candies and frozen desserts, since that is more common for them to get their hands on than the actual fruit itself. How can we expect to change the habits of today's youth, when they are surrounded by unhealthy foods?

Factors Related to, or Affecting the Problem

Several factors influence childhood obesity, these factors range from behavioral, to environmental, *"It is the interactions among these factors – rather than any single factor – that is thought to cause obesity"* (CDC, 2010). It is not an issue of children overeating and not exercising, but there are actual causes for them overeating and not exercising, these are things that are within their surroundings that they may have no control over.

Children have little to no say about the food that is purchased for them and that they eat as well, and when they are given the opportunity to choose for themselves, many of them will choose what's familiar to them, which tends to be the unhealthy food. Even in schools, children do not have much of

a say as to what they are fed, and another pressing issue is the vending machines that are in schools; *"Unlike federally regulated school meals, foods and beverages sold or provided in vending machines, snack bars, or à la carte lines are largely exempt from nutritional standards. Consequently, the food and beverage choices most commonly sold as snacks in schools are low in nutritional value and high in fat, sugar, and calories"* (CDC, n.d.). This is a behavioral factor that we need to try to work with in order to change the unhealthy behaviors of children. Even so, there are still several other factors that we would need to repair as well.

Children spend a decent amount of their time in school, or some other form of school like setting, such as daycare, and afterschool care programs. School setting is one of the most important factors when it comes to childhood obesity, *"The physical activity and eating behaviors that affect weight are influenced by... families...and schools...Schools cannot solve the obesity epidemic on their own, but it is unlikely to be halted without strong school-based policies and programs"* (Dietz, Lee, McKenna & Wechsler, 2004). As I have mentioned earlier, the schools in the United States are not consistent when considering school policies about nutrition and physical activity. Over the years, schools have been making efforts to improve school meals so that they would be more nutritious for the students they serve. Still, not every school nationwide is on board to do so. One of the reasons for some schools not getting "on board" is cost; it is cheaper for schools to have processed ready-made meals, than to have to bear the financial burden of hiring actual cooks to prepare fresh meals (Geraci, 2009).

On the other hand, vending machines and other foods that are sold to students have posed a problem when it comes to providing students with healthy nutritious food. In my introduction I stated that only 27 of 50 states have nutritional standards for competitive foods, consequently, if students are being provided with healthier meals from either the school or from home, they are still faced with the option to choose items that are full of calories and sugar, meaning it will not make much of an impact on the student's eating habit. Many schools have educated their students on eating healthy, but they have not taught them how to choose the apple instead of the chocolate bar, meaning that students know what's good for them to eat, yet they may not have the ability, or be prepared, to make the decision to choose the healthier food item.

The most controversial topic about childhood obesity is the issue that children are not getting enough physical activity in schools. Though every school in the nation has physical education requirements, and states have passed policies that mandate students to have physical activity while at

school, we still have an obesity problem, and lack of physical education is the first to come up. Which brings me to ask, who is in charge of seeing that the students do get their (150) minutes of physical activities per week? Some may say it's the teacher's responsibility, while others may say that is the school administration's duty to oversee that it happens, and then there are a few who say that the physical education (PE) teacher that should mandate this. When I was growing up, students had a PE teacher whose sole purpose was to ensure that students received the necessary amount of physical fitness. Today, this is not the case anymore, due to budget cuts; "...not enough funding, however, to support PE credential teachers' direct services to all children on a regular basis" (Alves, Tran & Sherman, 2010). So what are teachers to do? On top of all their other responsibilities, they now have to provide their students with time to go outside for physical activity.

Alves, Tran, and Sherman (2010) identify several barriers that affects physical education in schools; environment, equipment, coordination and collaboration, lack of uniformity, no PE support person, parents, students, and physical education as a low priority. One thing that stood out to me was that parents and students were seen as a barrier to physical education; according to the literature, parents were seen as not motivating their children enough to be physically active outside of schools, and that they too sometimes are embarrassed themselves for not being physically fit. As for students, the literature speaks about students (those who are overweight or obese) being self-conscious about working out with their peers, some may be afraid of ridicule for not being as fit as the rest, and one surprising factor that was mentioned, was that some students are lazy and just don't want to work out, "I have a boy who really would benefit...but he's kind of lazy. He doesn't want to put out the effort..." (Alves, Tran & Sherman, 2010).

Teachers have stated that they do not have the time to see that their students go outside for physical activities, because schools are so focused on raising mathematic and reading scores, "*As a third grade teacher in Florida, I am required to take my students outside for PE, but between making sure they are prepared for the F-CAT (Florida Comprehensive Assessment Test), on top of assuring that they are academically equipped for the next grade, I just don't have the time. I do know that they need to get the exercise, and I do try my best to do so, but some weeks (especially when it gets closer to take the F-CAT exam) it just seems to be too much*" (personal communication, 2010).

Schools do not always have the financial resources to hire a PE teacher, so they put that task on the teachers to do so. On the contrary teachers already have too much on their plates, that they too

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are not able to provide students access to physical activities. Where does this leave the students?

Implications for Leadership

Children, schools, and communities would benefit from John Kotter's '8-step stage process for creating major change'. Kotter (1995) mentions that change process goes through a series of phases and that it takes a considerable amount of time, skipping steps only creates an illusion of speed, but not satisfying results. Kotter's model would allow schools and the community (parents, public health personnel, faith based organizations, and etc.) to work together as one. His model consist of eight steps; (1) Establishing a sense of urgency, (2) Creating a powerful guided collation, (3) Creating a vision, (4) Communicating the vision, (5) Empowering others to act on the vision, (6) Planning for and creating short-term wins, (7) Consolidating improvements and producing still more change, and (8) Institutionalizing new approaches.

Stage 1: Establishing a sense of urgency

Schools, communities, and public health officials need to all gather together to discuss what kind of future they all want for today's youth, and the generation to come. They need to come to an understanding that they want children to be healthy and be able to outlive their parents. I believe that though the information is out there about the deteriorating health of children, maybe the message is not getting out there the way we'd like, or there may be a chance that those in the community, and even in the schools, don't really understand the message we are trying to teach them. We tend to have this perception that everyone understands the concept of health, when really not many people are literate when it comes to health, and that may be why only schools and those in the health field are the one's advocating to decrease childhood obesity.

Stage 2: Creating a powerful guided collation

"*Assembling a group with enough power to lead the change effort*" (Kotter, 1995). As much as we'd like to believe that schools have all the power to change student's health habits, this is not accurate because there are several other factors that influence children. All responsible factors, or influences, need to come together and take a stand to end childhood obesity. For instance, instead of having PTA meetings, there needs to be community town hall meetings and education sessions. Through educating the community on their turf, and through the use of distinguished community leaders, we as public health personnel now have the ability to educate the community as whole (parents, teachers, students, etc.), and answer their questions, while coming together for a solution. If this is successful, then the power to change is in the hand of the community,

meaning they would have to hold one another and themselves responsible.

Step 3: Creating a vision

When it comes to the issue of health, it is always those in the health and medical field developing the vision that they would like to see for those in the community, but how about asking those in the community what their vision is for their health? For example, we may feel that children in the community need to exercise more, while their parents who live in the community may feel that there needs to be sidewalks on the streets, or a safe location where their children can go out and play. The same can be said for schools; we want kids to eat healthier at school and to be physically active, while the schools would like to get the funding to hire a PE teacher, and be able to afford to hire a cook that can prepare fresh healthy meals for the students. Well now that we know what the visions are from both sides, we can work together to develop strategies for achieving that vision (Kotter, 1995). Maybe we can have students on the weekends play at a local community center or park, so that way they are being active and safe at the same time. For the schools, we can look at having local farms donate, or sell at an affordable price, fresh fruits and vegetables that will not need much preparation, and is a healthy source of nutrition for the children. As for the students being physically fit, maybe the school can hire a PE teacher for 2-3 days out the week, instead of for the whole week to assure that the students are active.

Steps 4 & 5: Communicating the vision & Empowering others to act on the vision

Steps four and five go together hand in hand in the sense that step four gives everyone the opportunity to voice what they want in order to eliminate childhood obesity, which can be done at a local community town hall meeting with the schools, health department, parents, and other community members, while step five allows the community to be motivated, and it helps remove any obstacles that may stand in the way of the vision. New strategies are thought of and can begin to be put into place, while addressing barriers ahead of time before we are faced with them so that we are better prepared to continue to go on with the new approaches.

Step 6: Planning for and creating short-term wins

Step four allows for ideas to be communicated, while this step, number 6, begins the planning for the improvements that are wanted from all parties. This can be where each party comes up with a plan individually, for example, school administrators and teachers plan their visions together, parents and students plan together, and so on, and they all can come together and take their individuals plans and turn it into one major plan. In addition, they can create short term goals to reach these plans, so that

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there is enough time to make and see improvements, (e.g., students having recess or physical education steadily on a daily basis throughout the school year).

Step 7: Consolidating improvements and producing still more change

When goals/plans have been met, those involved can come to together and talk about what worked and what did not work, and begin to build on that. This way everyone (schools, parents, and community members) is in the loop of what is going on, and no is left out. Once a person feels part of a successful team or group, they begin to want to see more positive results done, and when things are not going right, because they are not doing this alone, there are other individuals who they can turn to and ask for advice or work with to make the required changes that are needed. Moreover, this is where others who have not been involve can now join the movement to eliminate childhood obesity, because they may now notice the difference in the schools and students, which now adds more to the "power" to make more changes.

Step 8: Institutionalizing new approaches.

This step is very important, because it allows for the changes/ improvements that are made to be advertised to others out in other communities, this means any new school policies that may have been made that was successful can now be publicize for others to know about. However, what is most important is that feedback can be given from those who may not be from the area, and maybe certain things that weren't noticeable by those who are part of the leadership can be pointed out and can be changed or improved.

Conclusion

In conclusion, childhood obesity is not just an issue for schools, or parents, but it is a matter that affects everyone in the community, and so it would take everyone in the community to come together and discuss what changes are needed. With Kotter's model, change can be made gradually while still keeping everyone's interest, as Kotter mentioned, change does take time and when it is rushed, we do not obtain the results that we wanted. However, when it is thought out and planned out step by step, we can begin to see change and feel like we can go a step further. Childhood obesity will not go away overnight, and schools cannot be held responsible solely for it; parents, those in public health education, and the community all need to come together.

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Daphnee A. Guillaume (dguillau@mail.usf.edu) wrote this paper while an MPH student, Department of Community and Family Health, University of South Florida College of Public Health, Tampa, FL. This paper was submitted to the *FPHR* on February 14, 2011, revised and resubmitted, and accepted for publication on June 18, 2011. Copyright 2011 by the *Florida Public Health Review*.