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Lead the Way Florida! Raising Nutrition Awareness to Lower Obesity

Bethany M. Brunny, BS

ABSTRACT

Rising obesity rates increase the potential for many chronic diseases and lower quality of life. Strong leadership in the practice of nutrition awareness and knowledge needs to be established to reduce obesity in the state of Florida. Most Americans do not eat the recommended daily amounts of fruits and vegetables, which partially accounts for increased obesity rates. Interventions that raise nutritional knowledge and awareness may increase fruit and vegetable intake and lower fat intake. Having nutritional knowledge is the first step to living a healthy lifestyle with a healthy weight. Changes in policy like requiring restaurants to report calorie and fat contents of food help individuals make healthier choices when selecting food. Furthermore, banning trans-fats in restaurants would heighten Florida citizens' awareness of the potential harms of trans-fats and reduce total consumption of trans-fats. These changes would be steps in the right direction towards meeting Healthy People 2010 objectives concerning obesity in America.

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Background

The proportion of obese or overweight children is becoming alarmingly high. Obesity is linked with heart disease, type 2 diabetes, stroke, some cancers, premature death, and lower quality of life (U.S. Department of Health and Human Services, 2008). *Healthy People 2010* identified nutrition and obesity as one of the Leading Health Indicators to address in America. Sadly, the goal of reducing obesity will not be reached in this decade and is moving away from target (U.S. Department of Health and Human Services, 2008).

A rise in obesity is not surprising when we consider the average number of calories and grams of saturated fat eaten per person each day. Americans are moving away from home cooked meals and relying on processed and fast foods, choices that are high in calories, fat, and sodium. The fact that most Americans do not eat the recommended five servings of fruits and vegetables each day is another contributing factor to obesity (Centers for Disease Control and Prevention, 2007).

Obesity is not only an American problem. Other countries across the globe are researching ways to keep their citizens healthy and trying to move away from the fast food lifestyle (Brown, McIlveen, & Strugnell, 2000).

As a way to combat the pandemic of obesity, strong leadership in the practice of nutrition awareness and knowledge needs to be established. I call on the health educators and political leaders of Florida to lead the way to change. Using a leadership model inspired by James M. Kouzes and Barry Z. Posner (2002), Florida could be a beacon to other states and countries, leading the way towards breaking the heavy chains of obesity. This document will discuss how community based interventions,

policy changes, marketing, and advocacy for raising nutrition knowledge and awareness could lower rates of obesity and make Florida a healthier state.

Significance of the Problem

Healthy People 2010 notes that obesity is rising in all ethnicities, age groups, and income levels (U.S. Department of Health and Human Services, 2008). If levels continue to rise, related health indicators will continue to drop, and an impact to quality of life will be experienced by future generations. Obesity is linked to many chronic diseases including diabetes, heart disease, cancer, and high blood pressure. Obesity is also linked to comparatively high mortality rates. (U.S. Department of Health and Human Services, 2008).

A goal of *Healthy People 2010* is to have 75% of the American population eat two servings of fruits a day and 50% of the population eat three servings of vegetables a day (U.S. Department of Health and Human Services, 2008; Centers for Disease Control and Prevention, 2010). According to the Centers for Disease Control and Prevention (CDC) in 2010, only 32% of Americans consumed two servings of fruit a day and only 26% consumed three servings of vegetables a day.

Obesity not only effects health but has major economic repercussions as well. Communities with high obesity rates are faced with high health care costs. An obese individual with a chronic disease may encounter high insurance premiums. Those who cannot pay the premiums and who are not eligible for Medicaid may become uninsured. Because these individuals are uninsured, disease maintenance may suffer, which exacerbates their conditions. The only option in such cases might be to utilize the local emergency room where service is mandatory

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regardless of ability to pay. Because the emergency room becomes the only option for care, individuals may not see a doctor until the condition is critical (Langer, 2003). For many chronic diseases associated with obesity, maintenance is crucial to staying healthy. Waiting to see a doctor could worsen the condition and add unnecessary costs. Seeking non-emergency treatment at emergency rooms places an economic strain on hospitals and the community at large. Primary prevention of obesity lessens the health related economic impacts on communities in Florida.

Factors Relating to and Affecting the Problem

A major contributing factor to rising obesity rates is the low percentage of fruits and vegetables eaten. Research has shown that eating a diet high in fruits and vegetables has protective factors for many of the conditions associated with obesity including cancer (Van Duyn & Pivonka, 2000). The CDC (2007) states that fruits and vegetables have a low energy density, which is ideal for weight management. Fruits and vegetables contain high fiber content as well as many vitamins and minerals that are essential for a healthy lifestyle. The benefits of eating a diet high in fruits and vegetables cannot be ignored, and the consequences of not eating fruits and vegetables could be life threatening.

Sadly, many individuals do not eat the recommended five servings of fruits and vegetables a day (CDC, 2010; U.S. Department of Health and Human Services, 2008; CDC, 2007; Brown, McIlveen, & Strugnell, 2000; Van Duyn & Pivonka, 2000). To understand why this is, researchers are identifying barriers that prevent individuals from eating the recommended servings. Differences in socioeconomic status (SES) and food security should be considered as potential contributing factors to low fruit and vegetable consumption. Using the 2005 Behavioral Risk Factor Surveillance System (BRFSS), the CDC compiled the following data for adults: Men eat slightly more fruits and vegetables than women. The Hispanic population had the highest fruit consumption but the lowest vegetable consumption, whereas non-Hispanic whites had the lowest fruit consumption but the highest vegetable consumption. College graduates and individuals making more than fifty thousand a year ate the most fruits and vegetables where individuals with the lowest education and income ate the least. Individuals with a healthy weight ate the most fruits and vegetables, and individuals with the highest Body Mass Index (BMI) ate the lowest amount of fruits and vegetables (CDC, 2010). According to Lorson et al. (2009), US children do not get enough fruits or vegetables and consumption of fried potatoes like french fries makes up more than 28% of vegetable consumption.

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Establishing healthy eating habits happens early in life. Research has shown that parents have a strong influence on the eating patterns of children (Klesges, Stein, Eck, Isbell, & Klesges, 1991). Promoting healthy food choices in the home could be a low-cost way to increase fruit and vegetable consumption towards preventing childhood obesity. Because individuals with low education and income seem to be the most at risk for low fruit and vegetable consumption, it is crucial to target the needs of these populations. Additional barriers associated with low fruit and vegetable consumption are time, lack of knowledge of how to prepare fruits and vegetables, high costs, taste preference, inconvenience, and low self-efficacy (Havas, Treiman et al., 1998). Studies have shown that low fruit and vegetable consumption is associated with low nutritional knowledge and urge that public health interventions focus on raising knowledge to increase healthy eating (Vereecken & Maes, 2010; Wardle, Parmenter, & Waller, 2000; Havas, et al., 1998). Lack of access to healthy foods from stores in the community, or food deserts, and low food security negatively influences a healthy diet in individuals, especially in poor, rural communities (Cummins & Macintyre, 2006).

Implications for Leadership

Rising obesity rates are associated with unhealthy lifestyle behaviors like low intake of fruits and vegetables and high intake of saturated fats. Such behaviors can lead to chronic disease, cancer, or lower quality of life. It is time for Florida's health educators and political leaders to step up and lead the way to change. Ambitious Floridians should use the leadership model proposed by James M. Kouzes and Barry Z. Posner (2002) to raise awareness and knowledge associated with healthy weight and eating habits. Promoting community-based nutrition awareness interventions and changing policy to encourage healthier eating habits could reduce obesity in the state of Florida and serve as a model to other states to do the same.

Community-based interventions - especially interventions in school environments and in the workplace - have been shown to have positive and significant impacts on the participants (Ammerman, Lindquist, Lohr, & Hersey, 2002). The nutrition intervention titled Next Step Trial was a randomized control trial that promoted healthy eating habits amongst auto workers (Tilley, Glanz, Kristal, Hirst, Li, Vernon, & Myers, 1999). This trial successfully lowered fat intake and raised fiber, fruit, and vegetable intake after an intervention period of one year. This was accomplished through worksite classes on nutrition and self-help materials provided at work. The advantage of having a worksite intervention is the potential for a strong social

support group. Those going through the program together may be in the same social circles and feel compelled to improve eating habits because of the support of the group. When planning nutrition awareness interventions for implementation across the state of Florida, one must consider diverse cultures, education, and the SES of the target population.

The state of California has already taken steps to lower obesity and increase the health of its citizens through policy change. In 2008, a bill was signed to ban the use of trans-fats in restaurants (Steinhauer, 2008). Trans-fats are linked with obesity and heart disease. Taking away trans-fats is a step in the right direction towards improving the health of populations. Reducing trans-fats from commercial menu items not only reduces the intake of trans-fats but also raises controversy and awareness as to the harms of trans-fats.

In 2010, President Obama signed legislation that will require all restaurant chains with 20 or more establishments to display the calorie amount for each food item (Rosenbloom, 2010). This display should encourage Florida to shape its own laws for displaying calories in restaurants. The federal guidelines are to be considered baseline requirements for state legislators.

The fight against obesity is an uphill battle, but not without hope. With strong leadership, foundations can be laid to stop the rise of obesity in Florida and take steps to improve the quality of life for Floridians. Using the Kouzes and Posner framework, health educators and political leaders in Florida must begin by challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart.

When challenging the process, the Florida government should search for opportunities for change. This approach includes examining nutrition awareness interventions and possible changes in policy that could reduce obesity. Running trials to find the best fit for different communities will be crucial for success. A period of experiment and risk taking can lead to important findings for Florida.

To inspire a shared vision, Floridians must envision a future where obesity rates are low and nutrition awareness is high. We must make this vision known to state residents and local officials through the use of social marketing. Local leaders must advocate for change and draw attention to the health consequences related to problems of obesity.

To enable others to act, leaders in the state government should foster collaboration with organizations that will help reach the goal of lowering obesity rates. Enlisting community partners such as local health departments, foundations, public schools, universities, and places of work will further the message of change. The

state government might express the importance of lowering obesity, but until that message is understood at the local level, change will not happen. Strengthening others to spread the word and raise awareness establishes a participant foundation in the community.

By following the framework identified by Kouzes and Posner (2002), Florida will be a beacon to other states, lighting the way to positive change and setting an example for others to follow. Taking small, planned steps toward the *Healthy People 2010* objectives in the state of Florida will help ensure the target is met.

Kouzes and Posner (2002) emphasize that leaders should encourage the heart of those under them. The road to change in Florida might not be easy, but strong leaders will recognize individual contributions to the cause and celebrate accomplishments. This encouragement reminds everyone working toward lower obesity rates of what they are fighting. Motivation from strong leaders keeps the project moving forward and fosters hard work from all levels of workers.

The public needs to be made aware of the impacts of harmful practices associated with a rise in obesity. Raising nutrition awareness and implementing policy change are important steps for reducing the economic burden of obesity and increasing the quality of life for all Florida residents.

References

- Ammerman, A.S., Lindquist, C.H., Lohr, K.N., & Hersey, J. (2002). The efficacy of behavioral interventions to modify dietary fat and fruit and vegetable intake: a review of the evidence. *Preventive Medicine, 35*(1), 25-41.
- Brown, K., McIlveen, H., & Strugnell, C. (2000). Nutrition awareness and food preferences of young consumers. *Nutrition and Food Science, 30*(5), 230-235.
- Centers for Disease Control and Prevention (2007). Fruit and vegetable consumption amount adults- United States, 2005. *Morbidity & Mortality Weekly Report, 56* (10), 213-217.
- Centers for Disease Control and Prevention (2010). State-specific trends in fruit and vegetable consumption among adults- United States, 2000-2009. *Morbidity & Mortality Weekly Report, 59* (35), 1125-1130.
- Cummins, S. & Macintyre, S. (2006). Food environments and obesity- neighbourhood or nation? *International Journal of Epidemiology, 35* (1), 100-104.
- Havas, S., K. Treiman, K., Langenberg, P., Ballesteros, M., Anliker, J., Damron, D., & Feldman, R. (1998). Factors associated with fruit and vegetable consumption among women participating

in WIC. *Journal of the American Dietetic Association*, 98 (10), 1141-1148.

Klesges, R. C., Stein, R. J., Eck, L. H., Isbell, T. R., & Klesges, L. M. (1991). Parental influence on food selection in young children and its relationships to childhood obesity. *American Journal of Clinical Nutrition*, 53 (4), 859-864.

Kouzes, J. M., & Posner, B. Z. (2002). *Leadership the challenge* (3rd ed.). San Francisco, CA: Jossey-Bass.

Langer, G. (Polling Director). (2003, October 24). *Critical condition: healthcare in America* (Television broadcast). New York, NY: ABC News Productions.

Lorson, B.A., Melgar-Quinonez, H.R., & Taylor, C.A. (2009). Correlates of fruit and vegetable intakes in US children. *Journal of the American Dietetic Association*, 109 (3), 474-478.

Rosenbloom, S. (2010, March 23). Calorie data to be posted at most chains. *The New York Times*. Retrieved February 19, 2011 from <http://www.nytimes.com/2010/03/24/business/24menu.html>.

Steinhauer, J. (2008, July 26). California bars restaurant use of trans fats. *The New York Times*. Retrieved February 19, 2011 from <http://www.nytimes.com/2008/07/26/us/26fats.html>.

Tilley, B.C., Glanz, K., Kristal, A.R., Hirst, K., Li, S., Vernon, S.W., & Myers, R. (1999). Nutrition intervention for high-risk auto workers: results of the Next Step Trail. *Preventive Medicine*, 28 (3), 284-292.

U.S. Department of Health and Human Services- Public Health Service (2008, April 3). *Progress Review: Nutrition and Overweight*. Retrieved February 19, 2011 from <http://www.healthypeople.gov/data/2010prog/focus19/default.htm>.

Van Duyn, M.S. & Pivonka, E. (2000). Overview of the health benefits of fruit and vegetable consumption for the dietetics professional: selected literature. *Journal of the American Dietetic Association*, 100(12), 1511-1521.

Vereecken, C. & Maes, L. (2010). Young children's dietary habits and associations with the mothers' nutritional knowledge and attitudes. *Appetite*, 54(1), 44-51.

Wardle, J., Parmenter, K., & Waller, J. (2000). Nutrition knowledge and food intake. *Appetite*, 34(3), 269-275.

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