

Obesity Prevention Health Communication Needs Among College Students

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ABSTRACT

This review undertakes the dual task of identifying current initiatives, if any, aimed at addressing the health communication needs related to obesity among college students in the United States. Additionally, it aims to enhance comprehension of the obesity health communication needs within this specific demographic by thoroughly investigating factors such as educational level, health literacy, and language communication needs of college students.

Introduction

Obesity finds expression in affected persons as excessive or abnormal fat accumulation that can harm healthy living. The disease is a global health epidemic that has nearly tripled in prevalence worldwide since 1975 when it rose to global relevance as a public health concern. Statistics derived from the World Health Organization website states that “In 2016, more than 1.9 billion adults 18 years and older were overweight. Of these, over 650 million were obese.” Contrary to popular opinion that obesity is a health problem that is synonymous with high-income countries, recent statistic has debunked this myth as obesity and overweight are on the rise in low- and middle-income countries. Obesity is ascertained via Body Mass Index (BMI, henceforth). BMI “is a simple index of weight for height

that serves the purpose of classifying overweight in adults.” Its calculation is often premised on a person’s weight (in kilograms) divided by the square of his or her height in metres (kg/m^2). Obesity is linked to more deaths worldwide than underweight. In short, a high BMI is a major risk factor for diverse non-communicable diseases. It leaves its sufferer with disease co-morbidities such as heart disease, stroke and hypertension (Scaglione, et al. [1]). Not to mention the susceptibility to other chronic illnesses like Diabetes, kidney failure (Garofalo, et al. [2,3]), musculoskeletal disorders like osteoarthritis and some cancers.

However, the statistics put forward with regards to children and adolescents are concerning. The prevalence of obesity among children and adolescents aged 5-19 has risen exponentially from 4% in

1975 to a little above 18% in 2016. More so, over 340 million children and adolescents aged 5-19 were overweight or obese in 2016 and the figure is still growing. The prevalence of obesity among the stated demographic (children and adolescents) is alarming because it appears that a generation of unhealthy individuals are being nurtured. Furthermore, the age range of the affected population implies that they are either in elementary, high school or college. College students have been chosen as the representative population to cover the prevalence of obesity among young people as well as obesity health communication needs, and strategies fashioned for this age group. More so, findings from a national survey conducted in 2005 indicate that 3 of 10 college students are either overweight (body mass index [BMI] 25.0–29.9 kg/m²) or obese (BMI =30.0 kg/m²) (ACHA-NCHA, [4]). College students are basically young adults in their teenage years or early twenties. The socio-demographic characteristics of this population provides clues about causative factors behind the prevalence of the obesity among the young adults. Causative factors of obesity have been identified and documented. Of these, pattern changes in dietary and physical activities have been singled out as fundamental causes of energy imbalance between calories consumed and calories expended.

The World Health Organisation notes that the stationary nature of workplace exertions, changing modes of transportation and increasing urbanization have resulted in an increase in physical inactivity, a major booster for fat accumulation. Also, increase intake of food options high in sugar, fat and other sweeteners is held culpable. (Werder, et al. [5]) avers that obesity prevention communication have been ridden with diverse drawbacks bothering on the reception of messages by the concerned population. In many scenarios, there is an inherent tendency for obese persons to misconstrue the messages as stigmatizing especially when it hammers on individual behaviour modifications like working out, exercising and food intake monitoring. In this regard, campaigns bothering on 'weight control' have been accused of victim blaming and fat shaming. Irrespective of the complexities surrounding obesity health communication, the importance of engaging and interacting with young adults on the topic of the excessive weight gain cannot be undermined. The need for effective strategies is heightened by the seemingly irreversible nature of obesity, thereby making reduction of new cases of obesity a priority. The current evidence of the efficacy of obesity prevention interventions is based on a minute number of studies. Regardless, variations bothering on study design, target population, theoretical underpinnings imply that drawing conclusions on which interventions are effective and otherwise is cumbersome (Lemmens, [6]). This review takes up the dual challenge of identify current efforts or otherwise for addressing the health communication needs related to obesity among college students in the United States. Also, it seeks to provide an understanding of the obesity health communication needs of the selected population by examining in detail the issues around educational level, health literacy and language communication needs of college students.

Literature Review

Although there is increasing research in obesity communication, there is paucity of studies addressing obesity health concerns and intervention strategies among college students. The available literature has only referenced obesity health communication interventions targeted at children and adolescents. Hence, we take it as college students fall into the same categorization as teenagers or young adults in their early twenties and as such can be subsumed as such. (Criss, et al. [7]) examined how health information source influence the decision-making prospects of Hispanic mothers regarding the health care needs of their children for the first 100days after birth. The study utilized a 7-fold focus group that comprised 49 Hispanic women who were pregnant or had children less than 2 years of age. The results of the study revealed that Hispanic regard health care providers, family members, television, the internet, and specific social media channels as credible sources to obtain health information. However, they admitted to cross-validating whatever health information they are confronted with by consulting multiple sources so as to check for consistency, contradiction and truth value. Wright et al., (2016) evacuated the feasibility of the Team Up for Health initiative; a theory-based, tailored communication intervention for obesity prevention that was delivered during hospital visits to a pediatric health care clinic.

Parents of children aged 4-10 years were randomly recruited from a list of parents due for consultation at the pediatric care clinic. The researchers adopted self-report measure to access physical activity, fruit and vegetable consumption levels, time spent in front of the television, sugary food ingestion among other parameters. The results of the t-test revealed high rates of acceptability, measurement, and implementation of the health intervention in a manner that proves the Team Up for Health to be a feasible obesity health intervention strategy for children. (Durant, et al. [8]) accessed the influence of race, ethnicity, and health provider communication on overweight and obese patients' perception of the dangers posed by their current overweight status. The researchers utilized 1071 overweight and obese patients who completed a user survey. The findings of the study showed racial/ethnic disparities in patients' perception of the unhealthiness of obesity. However, it showed that health provider communication may well be a very powerful strategy to aid patient's understanding of the health disadvantages of obesity. It concluded on the note that further attention be paid to the role of health provider communication in illness management as it could bear implications for health professional training and health care provision. (Jebb, et al. [9]) explored the effect of the social environment in the promoting energy-dense food options and physical inactivity. The paper examined the importance of communicating obesity health information to stakeholders and the drawbacks encountered in the communication process.

The findings showed that the efficacy of public health messages promoting lifestyle changes in obese individuals is predicated on the environmental changes that support and facilitate healthy lifestyle

choices. Moorhead et al., (2013) examined health professionals' evaluation of obesity communication among patients. The study utilised a qualitative survey as part of the Weight Care Project in Northern Ireland and the Republic of Ireland. The study recommends that communication experts should assist health professionals in the development of accurate and effective weight-related guidelines and information. In equal measure, the health professionals sampled decried the lack of training on effective strategies to better communicate obesity health concerns to their patients. (Koster, et al. [10] examined the essentiality of doctor-patient communication in modifying patient's behaviour and influencing positive nutritional patterns among patients in Netherlands. The researchers propose four activities that can improve effective communication between general practitioners (GPs) and their patients viz: GPs can ask unprejudiced questions that can aid their understanding of the patient's perspective, its causes and treatment options; GPs can pay rapt attention to their patient's replies and try to pick up clues demonstrating their commitment or otherwise to adhere to a proposed treatment; GPs can work with patients and their families to set achievable goals for lifestyle or behavioural changes; and GPs can include patients in active problem-solving.

The researcher signed off on the note that application of the four principles can engender positive lifestyle changes and nutrition patterns in their patients. (Mikhailovich [11]) explored the effect of parenting style, parents' socio-economic group belonging, parental education levels and parental lifestyle on the difficulties that may emerge when health care providers communicate that a child's weight exceeds the normal range. The study offers several executable strategies for facilitating successful obesity health communication between health practitioners and parents. Health practitioners are enjoined to communicate weight-related issues in ways that: explore the needs of parents; challenge individualistic responses to obesity; reveal the cultural weight biases of individualistic versus collectivist cultures; and recognize a wide range of causative factors for obesity. Considering the review expressed in this section, it is obvious that there is a plethora of works executed on the issue of obesity. However, these works have addressed the obesity topic from a general population perspective. This review is a departure from the existing works as it focuses on an age demographic that includes college students. The significance of this age group is telling because the onset of obesity at this stage could metamorphose into an adult life ridden by health challenges.

Obesity Prevention Health Communication Needs of College Students

Communication in healthcare is crucial and effective communication have been proven to elicit positive health outcomes (Moorhead, 2013). Obesity prevention for children and adolescents implies maintaining a moderate and healthy weight trajectory by shunning lifestyle practices that encourage weight gain at the formative years preceding adulthood (Lemmens, et al. [6]; CAPOP, [12]: 81). However,

it appears that this age demographic require help with measures to prevent weight gain and its co-morbidities. College students need to be educated on the topic of obesity and the adversative effects it can exert on their health, well-being, and academic output. Medical professional happens to be at the epicenter of efforts geared towards meeting the health communication needs of adolescents. Moreover, medical practitioners need to be trained and re-trained on the appropriate way to communicate these messages in clear and concise manner. Moorhead et al., (2013), in a study on obesity communication among patients by health professionals averred that the health professionals surveyed disclosed that they communicate obesity messages to their patients using a range of diverse mediums such as verbal communication, leaflets and factsheets. However, the health professionals mentioned barriers to effective communications as: limited time in patient consultation and inaccess to appropriate information on obesity. The study concluded on the note that health professionals require information on "how" to play their role in obesity prevention by providing obesity advice to those in need.

Elsewhere, (Werder, et al. [5]) makes a case for the importance of understanding how specific ideas, language use and meaning construal or misconstrual in obesity prevention impacts the reception of the messages by the concerned groups. The WHO avers that childhood obesity is associated with a higher chance for terminal illness, premature death, and disability in the later stages of their lives. In the short term, obese children have been observed to contend with health challenges like breathing difficulties, hypertension, extreme tiredness, insulin resistance, onset of cardiovascular disease and self-esteem disorders. Given these health challenges, the veracity of initiatives and strategies targeting the health communication needs of college students concerning obesity is made more pronounce. College students have an urgent need to be educated on the importance of engaging in health lifestyle practices that will help them maintain a positive body image. "The fight against obesity" should begin with the young citizens that will eventually metamorphose into the pillars of the society in the not-too-distant future.

This point is valid because sustained obesity and excess weight in children and adolescents increases the risk of long-term obesity; and could carry on to adult stage (CAPOP, [12]). It goes without saying that stronger alliances between health and education must be forged because of its essentiality to intervention success. The peculiarity of the school context must be taken advantage of when designing health communication messages on obesity prevention. For instance, periodic sporting events in the school environment could serve the purpose of obesity prevention when students engage in physical activity for the fun of it or some rewards. More so, school feeding programmes could be tailored towards meeting the health needs of school pupils. Consumption of low-fat food options as well as fruit and vegetables should be encouraged in the school environment. However, it is not enough to prioritise healthy diets in the school feeding programmes.

Steps should be taken to sensitise the student population about the merits of eating such as weight control and obesity prevention.

Current Efforts on Addressing Obesity Prevention Health Communication Needs of College Students

There is a teeming number of obesity-related health intervention messages highlighting the cause and effect of improper weight management and probable solutions to reverse it. The general public are currently exposed to sponsored health messages in the media from relevant stakeholders in the health sector such as the ministry of health, health NGOs and health bodies like the World Health Organisation (WHO), the Medical Research Council (MRC) in the UK, or the Centre for Disease Control (CDC) in the US. Furthermore, a good number of school-based initiatives have been instituted. For instance, the CDC's Guidelines for Schools to Promote Healthy Eating and Physical Activity is one of the intervention measures devised to aid the prevention of obesity and other chronic illnesses among adults aged 18 years or older. The CDC propose nine guidelines to serve as foundation for developing, implementing, and evaluating school-based healthy eating and physical activity policies and practices for students (CDC, [13]). Langford et al., (2015) cites the World Health Organisation's Health Promoting Schools (HPS) framework to have improved student's physical activity, fitness and increase fruit and vegetable consumption. Twenty-six studies meeting the following inclusion criteria: studies that took an HPS approach targeting environment, curriculum, and community/family; studies focused on nutrition and/or physical activity; and studies that presented process data were subjected to Cochrane review. The study concluded on the note that stronger alliances need be formed between the sectors: health, education if intervention success would be feasible. More so, researchers are enjoined to work in conjunction with schools to develop and implement interventions, and to evaluate intervention outcomes on the health and academic outcomes of school pupils. (Jebb, et al. [9]) avers that weight stability is ideally the first objective in any obesity health campaign before strategies for weight reduction for already obese persons can follow.

However, the role of media and advertisement in promoting obesity health messages is somewhat faulty. Today, the media is awash with persuasive 'before and after' images promotional messages promising 'stress-free' ways of reversing obesity in a manner that promotes poor public understanding of the health dangers posed by obesity. It is paramount to harness the power of the media to communicate the health benefits of obesity prevention measures and weight management. Findings put forward by the Community Preventive Services Task Force (an independent, non-federal panel of public health and prevention experts) in conjunction with the Center for Disease Control reveal what strategies are currently working in public health to prevent and curb obesity. The coalition reveals that current efforts on addressing obesity prevention health communication needs of adolescent college students is encapsulated in the following interven-

tions: behavioural interventions to reduce screen time among children and adolescents; meal and fruit vegetable snack interventions to increase healthier foods and beverages in schools, multicomponent interventions to increase availability of healthier foods and beverages in schools; and worksite programs for weight loss (CPSTF, [14]). The CPSTF report equally cites technology-supported multicomponent coaching or counselling interventions such as programs to reduce weight and to maintain weights as part of current efforts to halt the obesity scourge.

Suggestions & Recommendations

The good news about the obesity epidemic is that it is both preventable and manageable. Therefore, charting a way forward for the successful combating of the health menace is both feasible and achievable. The effect of collaborative effort cannot be overemphasised when it comes to meeting the health communication needs of college students concerning obesity prevention. (Werder, et al. [5]) notes that "intersectoral collaborative action" is a viable strategy to combat growing obesity rates and achieve desired weight management goals as well (cf. Jebb, et al. [9]; and Werder, et al. [5]). The term 'intersectoral collaborative action' simply implies that all hands must be on deck to combat the menace of obesity. Health professionals, Governments, health NGOs, food technologists, nutritionists, the International Health bodies must play their role in spreading the message about the dangers of indulging in acts that spike obesity rates.

The National Institute for Health and Care Excellence (NICE,[15]) posits that Directors of public health and local government communications leads should carefully consider the type of language and media to use to communicate about obesity, tailoring language to the situation or intended audience. Health communication strategies that include the use of scare tactics and or fearmongering on the damning effects of obesity should be avoided or at best reduced to its barest minimum. The use fear tactics and blaming tactics in health communication should be discarded as it has been proven to mixed results (Kok, et al. [16-19]). Rather than harp on obese persons' knack for junk, processed food or quick-fixes, health communication should harp on the benefits of health eating, routine physical activity and nursing positive self-perceptions. (Kok et al. [20]) opines that instead of applying fear appeals, health promoters should identify effective alternatives to fear arousal by carefully developing theory and evidence-based programs.

Health education practitioners should embark on nationwide health sensitization on obesity preventive measure using every medium available from social media to radio, billboards, television, and College bulletin boards. In equal measure, multi-sectoral collaborations between health and education should be instituted for interventions to have better chances of succeeding. Following the results of Longford et al.'s (2015) study, researchers must work with schools to develop and implement interventions and go a step further to evaluate

their impacts on health and academic outcomes of college students. More so, school-based prevention programmes should be fashioned to reach adolescents at the threshold of becoming overweight and engage them with learning strategies that improve healthy behaviour. The Center for Disease Control recognizes the relevance of the academic environment in fostering positive eating and lifestyle habits when it averred that: "Schools can create an environment supportive of students' efforts to eat healthily and be active by implementing policies and practices that support healthy eating and regular physical activity and by providing opportunities for students to learn about and practice these behaviours." In this light, school authorities should incorporate curriculum contents on healthy eating habits and the value of engaging in physical activities into general curriculum. The Center for Disease Control suggests "sixty minutes or more per day of aerobic activity, with most of the activity of moderate or vigorous intensity and with vigorous-intensity physical activity on at least 3 days" and "muscle strengthening and bone strengthening activity also should be included at least 3 days per week" for children and adolescents aged 6-17 years (CDC, [13]). Government should pursue vigorous sensitization programmes promoting health feeding habit and engagement in physical activities. In this regard, religious and community leaders can be brought into the picture to sensitise their congregation and general population about the benefits of indulging diabetes prevention measures. Finally, media promotion of health messages on obesity prevention should be amplified using various media that appeal to the young ones such as cartoon illustrations, comics, graphic illustrations, wall murals, pamphlets and so on.

Sites of Convergence Between Current Findings and the Responsibilities/Competencies of Health Educators

Health educators are saddled with the responsibility of educating people about behaviours that promote health and wellness. They serve their community in a variety of ways using health-focused strategies to improve the well-being of their community members. These health professionals often collaborate with individuals, families, and communities, public organisations, and non-governmental organisations to create, implement, oversee, and analyse programs and strategies that promote public health. The National Commission for Health Education Credentialing and the Society for Public Health Education (NCHEC, [15]) note that health education specialists can serve in a range of settings by employing appropriate health education strategies to facilitate the development of policies, procedures, interventions, and systems conducive to the well-being of individuals, groups, and communities (cf. Champagne, [21]). The overview of findings reveals that additional health intervention efforts and programs are required to still the tide of obesity among the population under consideration (Balog [22]). Furthermore, inter-sectorial collaborations between health providers and other stakeholders in the health sectors such as the government, local and international health bodies, the academic environment, religious and community leaders, the me-

dia and health education specialists. Health education specialists are very critical to the fulfilment of health needs of the populace provided they discharge their duties as required (Berlin, et al. [23-28]).

The 2020 Health Education Specialist Practice Analysis II (HESPA II) Project verified 8 distinct areas of responsibility describing the job prescriptions of Health Education Specialists both within and external to the profession. The obesity health communication needs identified in this paper relates to virtually all the competencies that define the role of health education specialists. However, Area V— Advocacy; and Area VI— Communication. A cursory look at the competencies contained in Area V and Area VI reveals correlations with the findings highlighted in the preceding section. Health education specialists are expected to embark on advocacy programmes and medical outreaches targeting obese adolescents in their colleges. More so, it is pertinent that health education specialists exhaust all media of communication in conveying the health risks, prevention strategies and management practices of obesity to the vulnerable population or age demographic.

Conclusion

This review examined the current efforts targeted at addressing the health communication needs related to obesity among college students in the United States. It equally provided an understanding of the health communication needs of the selected population by examining in detail the issues around educational level, health literacy and language communication needs of college students. From the literature, it became obvious that vigorous, concerted action from governments and other stakeholders like the college authorities is crucial if the health communication needs of college students ravaged by diabetes will be fulfilled. The school, community and family setting should provide supportive environments that would influence the choices of young adult regarding the food types they ingest as well as engagement in calorie-burning physical activity. Increased media attention on the advantages of maintaining a moderate BMI level was equally suggested. On the flipside, media promotion of unhealthy or processed junks promoting weight gain should be regulated by government and policy makers.

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