

Mandating Obesity Testing Across the Curriculum: Lessons Learned

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ABSTRACT

In response to the obesity problem that has dramatically increased over the past 30 years, Lincoln University's HPER faculty petitioned the University faculty to accept a somewhat radical approach: test all entering first year students using Body Mass Indices (BMI) data for placing students in a Fitness for Life class. This class would constitute the intervention for students with BMI scores of 30 or higher (obese rating). This paper describes the chronology of events that unfolded once the placement policy became known beyond the campus green. Arguments both for and against the controversial course are presented. While the placement policy has been modified, the aim of the intervention has not wavered: identify those students who are most at risk for hypokinetic disease and provide them with the appropriate resources to effectively address those amenable lifestyle factors that will rob them of quality and quantity of life.

Keywords: BMI; obesity; benign paternalism; hypokinetic disease; fitness for life class

INTRODUCTION

Almost five years ago the faculty at Lincoln University, the oldest historically Black College/University (HBCU) in the nation, adopted a revised core curriculum that included a fitness for life class. The need for effective approaches to address lifestyle choices is particularly critical for African American women when 50 percent of African American women age 20 years and older are obese (BMI > 30 kg/m²) (Kumanyika, Shults, Fassbender, Whitt, Brake, Kallan, Nayyar & Bowman, 2005). In March 2006, Lincoln faculty approved a proposal that would sort out students for HPR 103: Fitness for Life based upon the Body Mass Index (BMI). A BMI of 25 to 30 kg/m² is defined as overweight and a BMI of > = 30 kg/m² is considered obese for adults (CDC, 2009; Flegal, Carroll, Ogden, & Curtin, 2010). Thus, students with BMI scores equal or greater than 30 were enrolled in the course. The rationale for the class was to confront the national epidemic of obesity and its myriad co-morbidities: heart disease, stroke, diabetes 2, selected cancers, and musculo-skeletal disorders (Thorpe, Florence, Howard & Joski, 2004). Without question, the data collected from *Healthy People 2000* and *Healthy People 2010* underscored HPER faculty's commitment to "narrowing the health disparity gap". Given that no state as of 2007 had reached the Healthy People 2010 objective of reducing obesity prevalence among adults to 15 percent (CDC, 2009), the evidentiary support for requiring this course as part of the general education (core curriculum) requirements for graduation was preponderant. Lastly, obesity has been shown to have a sizable economic impact on the person with obesity as well as the U.S. health care system. In 2001, costs incurred by obese persons were 37 percent higher than costs for those with normal weight (Thorpe, Florence, Howard, & Joski, 2004). Finkelstein, Fiebelkorn, and Wang (2003) estimated that medical expenditures attributed to overweight and obesity accounted for nine percent of the total US medical expenditures in 1998 and total health care costs attributable to overweight and obesity would more than double each decade. By 2030, health care costs associated with obesity could range from \$860 to \$956 billion, thereby accounting for 18 percent of total health care costs (Wang, Beydoun, Liang, Caballero, & Kumanyika, 2008).

DISCUSSION

Most colleges offer (and many require) courses in health education. Typical topics include: 7 dimensions of health wellness, decision-making processes, fitness, nutrition, stress management, alcohol and other drugs, and human sexuality, including but not limited to sexually transmitted diseases/infections. Some colleges provide opportunities for students to assess current health habits and practices that yield health profiles; e.g., longevity predictions, diet analyses, and percent body fat. Where Lincoln entered new territory (and why this issue received worldwide attention) was that the faculty required a fitness class based upon a health assessment measure (albeit, supplemented with the waist circumference measure).

When word of this HPR 103 placement policy reached beyond the campus green, an international furor erupted. Allegations of institutional wrongdoing flooded the airwaves, print world, and cyberspace. Virtually no invective was spared in castigating the proponents of this heinous crime. Abusing an already mistreated group was unfathomable, let alone unconscionable. As the rancorous rants came to the attention of the Lincoln faculty, many were concerned. Would this firestorm of controversy mortally/morally wound this venerable institution? Would these denunciations be the death knell of Lincoln University? In an effort to update the Lincoln faculty of his efforts in explaining the rationale for the required fitness class, the chair of the Health, Physical Education & Recreation Department (HPER) wrote his colleagues. His letter was also designed to embolden the faculty so that they might “stay the course”; i.e., retain the placement policy that identified students at risk for hypokinetic disease and required their passing (participating in) the fitness class.

In a specially-convened forum, faculty shared their opinions, reactions, and proposed courses of action to deal with this controversy. Not surprisingly, faculty perspectives were diverse. Lincoln’s faculty is truly diverse (and at times perhaps even divisive). Arguments spanned the entire spectrum of ideological thought; all views were delivered with candor, passion, and deep conviction. Despite the obvious differences of positions presented, one theme shined through the cacophony of dissent - faculty were genuinely concerned about the well-being of their students. Granted, **how** that well-being should be enhanced was the core sticking point in this issue. As the discussion proceeded to the monthly faculty meeting (the 15th day since the story first broke), the beleaguered department chair urged all in attendance to keep in mind that everyone was there for the students. Although methods may vary **how** to advance student growth and development, the desired outcome was universally embraced - students’ best interest would be served.

While the proponents of the original placement policy (HPER faculty) focused their attention primarily upon the desired outcome (reduced risk of obesity co-morbidities), other faculty did not get beyond the process of identifying the intended students. This latter faculty group (echoed by many outside the academy) was overwhelmed by the prospect of policy damaging a group of students already caught in the throes of societal debasement and ridicule. Critics of the policy would contend that the intentions of the policy may have been honorable, but the process was perceived as fundamentally flawed. In effect, critics of the BMI (as a sorting device) would aver that the ends do not justify the means. Furthermore, these voices would claim that the fitness class placement policy was deemed an anathema to the HBCU legacy that prided itself on providing a “safe, nurturing environment”. It would be argued that students’ sense of worth is brutally assaulted by any practice that separates out – a practice that champions “deficiency” models - both process and product must be compatible with standards of respect, sensitivity, and cultural awareness. Faculty opposed to the existing policy would claim that affective concerns were given short shrift in the conceptualization of HPR 103: Fitness for Life.

Supporters of the placement policy acknowledged that the “climate” engendered by the identification process may be onerous for some, but believed that it was a necessary step in order to achieve the end result (student empowerment, increased sense of internal locus of control). The goal far outweighed any initial discomfort associated with placement. Faculty who collected height and weight data (for BMI calculations) were familiar and sensitive to the needs of their students and, equally important, they ensured a safe, positive, nurturing environment in their fitness classes (as attested by end-of-semester student evaluations). HPER faculty, in particular, never lost sight of the prize at the end of the tunnel. They had routinely witnessed many students, initially skeptical and resistant to the intervention, change their attitudes and behaviors regarding physical activity and the progress that these students could, and did, make in achieving a healthier lifestyle. In short, HPER would probably agree that for

some “the pill may be bitter, but the cure is worth it”. Thus, we are right back to the original dilemma - ends justifying means cloaked in the specter of benevolent paternalism.

Without question, acceptance of ends, without thoughtful attention to means, poses a slippery slope. Where do we, as academicians, draw the line in the sand with regard to required genetic counseling, required parenting skills, or required information sessions for voters? While many might support the target goals of these intercessions (healthier newborns, more confident parents, better informed voters), the process is opposed to the fundamental American ideal of individual choice – individual rights (up to a point) supersede societal rights. That “point” is what confounded the Lincoln faculty those two arduous weeks and confounds the country today. Should that point fluctuate as society’s needs evolve? If so, what criteria must be satisfied (if any) before individual rights in America acquiesce to the nation at large? We all remember the 911 tragedy and its impact upon the security-freedom relationship. That particular debate continues in earnest.

Struggling to narrow the gap between the “affect” (process) advocates and the outcome (reduction in health risk) parties, Lincoln faculty formally adopted the following motion at their monthly meeting:

It was proposed that:

1. HPR 101: Dimensions of Wellness be retained as a core requirement for all students seeking an undergraduate degree at Lincoln University. This 2-credit, 2 hours/week classroom course will address the topics of health fitness, nutrition, stress management, alcohol and other drugs, and human sexuality;
2. Within the context of HPR 101, students will participate in a battery of health risk appraisals (both qualitative and quantitative) designed to identify potential health risks for the purpose of maximizing quality and quantity of life;
3. At the conclusion of HPR 101 instructors would recommend HPR 103: Fitness for Life to those students whose health risk appraisals suggest that they may benefit from this HPR 103 learning experience. The likelihood of students honoring these recommendations rests largely upon trust levels established between student and instructor; “relationship-building” would replace the “coercion” strategy;
4. Students would ultimately have the responsibility of following those recommendations to enroll in HPR 103: Fitness for Life or not. In effect, no single health measure places nor requires any student to complete HPR 103: Fitness for Life. Instructor recommendations for placement are based upon multiple assessment measures conducted over a period of 15 weeks in HPR 101; enrollment on HPR 103 is dependent upon:
 - a. HPR 101 faculty recommendation and
 - b. Student acceptance of that recommendation
5. HPR 103: Fitness for Life will generate 1 credit and shall meet 2x/week for 2 hours.
6. HPER faculty will assess the effectiveness of this revised placement policy regarding HPR 103: Fitness for Life during the next two semesters and will make additional recommendations, if warranted, to the faculty in the 2011-12 academic year.

This motion was approved by voice vote: approximately 60-65 members were present and the “ayes” received a loud affirmative, “nays” (dead silence), and 3 or 4 abstentions were voiced.

It bears repeating that Item six was made explicitly clear by the HPER chair; i.e., if the concordance rate between HPR 101 instructor recommendations and student acceptance of those recommendations does not achieve an “acceptable” level, HPER faculty would return with another placement policy in 2011. The HPER chair

reiterated that the goal of HPER, embedded in the core curriculum, is to reduce those health risks that could detrimentally affect students now and in the future.

CONCLUSION

While the placement method may have changed, the learner outcome has remained constant; i.e., empower students with the requisite knowledge, skills, attitudes, and habits of mind to reduce/eliminate the ravaging effects of hypokinetic disease and their associated threats to both quality and quantity of life.

The HPER faculty are not married to any particular method that accomplishes this end result as long as the method delivers the targeted outcome in a manner that best serves the student. That manner, as we learned while in the eye of the storm, must take into account short-term adverse effects... at least for now.

Individual rights and freedom of choice are American ideals which have been cherished and protected since the founding of this country. Lifestyle choices, to a very large degree, fall under that mantle. Within the past 30 years, acceptance of obesity (and its co-morbidities) has gained favor among the majority of the populace, not surprising given an adult population in which 67 percent are overweight or obese. (Kumanyika, Obarzanek, Stettler, Bell, Field, Fortmann, Franklin, Gillman, Lewis, Poston, Stevens, & Hong, 2008). Obesity rights advocacy has been particularly effective in sensitizing American society to the social-political-employment-emotional plight of obese individuals. However, when those sensitizing efforts deter well-meaning health care practitioners from addressing obesity-related diseases and disorders, the public's common good is compromised. Educators at all levels (parents, preschool, elementary, middle, high school, college, graduate school, health care providers, and policy makers) must be honest with their charges/constituents. When we identify any factor that we believe to be detrimental to a person's well-being, we must substantiate those adverse effects and provide resources for addressing them. Will that notification be uncomfortable, awkward, or unsettling for both student and educator? Probably. However, to deny its existence or to minimize its impact is a dereliction of duty. Granted, any verification of troublesome influences must be delivered in a caring, sensitive way... but the message must be transmitted. Concurrently, society must separate the *condition* obesity from the *person* with obesity. Over the years, acceptance of the person has devolved to an acceptance of the disease. Until such disjoining occurs, real progress on the obesity epidemic will be curtailed if not defeated altogether.

AUTHOR INFORMATION

James L. DeBoy earned a PhD in Human Development (with minor concentrations in Special Education and History of Education) at the University of Delaware. He was appointed to the Lincoln University faculty in 1975 and achieved academic rank of Professor in 2000. As Chair of the HPER Department since 1989, he has served on virtually all major academic committees, assumed the lead role in assessment of student learning outcomes for 20 years, served key roles in the university's re-accreditation process for three decades, and successfully taught more than 10 different health-focused courses over a 35 year career in higher education. Formally educated in the disciplines of Psychology, Special Education, and Physical Education/Adapted Physical Education, Dr. DeBoy embraces the methodological contributions of each particular field to the realization of a "healthier people". He has presented papers at regional, national, and international conferences on such diverse topics as motor development, alcohol abuse prevention, student learner outcomes in health sciences, human cognition/metacognition, and obesity testing across the curriculum.

Sally Wagner-Monsilovich earned an Ed.D in Health Education at Temple University, Pennsylvania. She was appointed to the Lincoln University faculty in 1990 and currently holds the Associate Professor rank. She has served on many major academic committees, successfully taught many courses in the Health Science Department over the last 20 years, and has taught/led myriad health fitness programs in the community. Her areas of specialty include: nutrition, fitness and body image in relation to obesity.

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