



The Elephant in the (Class) Room: Campus Obesity

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Abstract

Historically, university administrators dismissed date rape, hazing, binge drinking, concussions, and plagiarism as mere "rites of passage". In the past five years the academic community has made significant strides in publicly informing its student body about these specific issues that can derail student success in college. While successful interventions designed to limit their occurrence have been less than substantial, these topics have been openly discussed and policies/practices enacted...with one exception: campus obesity. Recent efforts to alert students with unhealthy body mass indices (BMI) have met a firestorm of off-campus criticisms that ultimately led to the affected university abandoning its proactive attempts in stemming the obesity epidemic. This paper will explore the reasons that underlie such resistance to obesity screening/disclosure and why such a mindset compounds this national health crisis.

Keywords: Obesity; BMI; Obesity screening and disclosure

Introduction

Domestic violence/date rape, bingeing/DUI, sport-induced concussions, communication difficulties, obesity, hazing, plagiarism what do these entire "issues" share in common? Any one issue can derail a student's academic life. Indeed, all can adversely affect a student's physical, emotional, social, and spiritual well-being. Three of the aforementioned vexations (date-rape, DUI, and hazing) will involve the legal system. With one exception, all matters will require college administrators to intervene: notify the student of the issue and implement an action in keeping with university policy. With one exception, college personnel, especially faculty, have a professional, ethical duty to inform their students when these academic and non-academic factors threaten a student's progress toward degree completion. With one exception, the academic community has made significant strides in recognizing and publicly informing its student body about these student plagues. Granted, successful interventions designed to limit their occurrence have been less than substantial; nonetheless, these topics have been openly discussed and policies/practices enacted... with one exception. That one exception is obesity.

Not too many years ago, the general public and university officials blatantly ignored or rationalized most of these troublesome topics cited above. Excuses such as "The university no longer serves in the capacity of 'in loco parentis'"; "These matters involve individual student decision-making, not college-level policy-making"; "These perplexities constitute an obstacle course that students must navigate; it is simply a rite of passage"; "No one can (or should) legislate morality"; "Any efforts to eradicate them is an exercise in futility; our resources are better spent elsewhere". Without question, all of these student woes are deeply entrenched and extremely resistant to change. However, all of these impediments to student success (and societal progress) must be addressed and, ultimately, redressed if college mission statements are to be taken seriously. The debilitating effects of obesity co-morbidities are well-documented: heart disease, stroke,

diabetes 2, one-sixth of all cancers, sleep apnea, hypertension, muscular-skeletal problems, asthma, and gall bladder disease, et al. [1]. Yet, obesity today retains a Teflon-coating protection rendering it virtually immune from its detractors. More to the point, there exists today a palpable embracing of "obesity acceptance" [2]. The reasons for such acceptance are many, not the least of which is sheer numbers: 34 percent of the adult population (ages 18 and above) are obese (BMI>30) while an additional 20 percent are identified as being overweight/pre-diabetic [3]. Thus, the majority (54%) of the adult U.S. population is presently the norm (unhealthy BMI). Let us be clear: the assault must be directed upon the condition obesity, not the person with obesity. However, defenders of obesity acceptance all too often blend the two together, i.e., obesity – the person and the condition – should be endorsed and celebrated. Such thinking is wrongheaded and deprives persons with obesity of both quality and quantity of life.

Last month Bryn Mawr College abandoned its two-year practice of alerting individual students with BMIs in the unhealthy/obese range. These students had been encouraged to avail themselves of an on-campus course designed to alter their lifestyle choices via nutrition education, fitness programming, and stress management. When word of this well-intentioned policy went viral, a fusillade of rebukes replete with exasperated indignation characterized this Student Health Center policy as "invasive", "discriminatory", "mean-spirited", and "unfair".

Within a matter of hours, the policy was discontinued. Some five years ago, a similar situation occurred at Lincoln University (PA) – the difference being, Lincoln students (with obese BMIs) were not only alerted but were also required to pass a one-credit Fitness for Life class that included cardiovascular sessions, nutrition counseling, stress management [4]. Today, Lincoln students are still alerted about their risk for obesity co-morbidities but the Fitness class is merely recommended – a policy change almost exclusively based upon allegations of discrimination from outside of the institution – an institution that is recognized as the nation's oldest degree-granting historically black college/university (HBCU). Evidently, the specter of obesity awareness and concomitant efforts to address the condition by

on-campus health care advocates remain taboo given the recent Bryn Mawr College experience.

Even more troubling is the apparent lack of effort exerted by health care providers to even broach the subject of unhealthy BMI with overweight/obese patients [5,6]. Reasons cited by medical professionals for intentionally bypassing weight loss counseling with patients include lack of time, inadequate training, un-comfortableness on part of the patient and doctor, non-reimbursement, and many doctors' belief that this lifestyle condition is largely beyond the control of the individual patient [7]. This lack of response by the medical community is a missed opportunity to address the nation's obesity epidemic – indeed, failure to alert patients of their unhealthy weight/BMI status is tantamount to ignoring one's Hippocratic Oath.

The logical starting point for “bold” social initiatives has been the college campus. Historically, the first forays of racial desegregation occurred at the college (law school) level [8]; smoke-free campus buildings predated many public and private facilities; alcohol-free dormitories and activities; and LGBT safe refuges. Universities have prided themselves in creating an environment where open discussion, debate, argument, and facts weigh in on all topics. Discussion of on-campus obesity, however, is virtually non-existent. Until universities (and all levels of education) remove their heads from the sand regarding obesity on-and-off campus, are honest with students by alerting them of the obesity co-morbidities, assess/verify students' current BMI statuses, and offer on-campus resources to address this

national epidemic, obesity will continue to languish in the sordid past of domestic violence inaction, unenforced DUI laws, concussion ignorance, and hazing disregard. Our college faculties know better; our students deserve better.

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