Changing School Leadership Philosophies to Reverse Childhood Obesity Trends

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ABSTRACT

Childhood obesity is a public health crisis in the United States. By the year 2015 an estimated 24 percent of all children will be obese. Children who are obese miss on average 20 percent more school than their healthy-weight classmates. Additionally, there is a higher risk of developing diabetes and having high blood pressure, and for being overweight as an adult. Childhood obesity is not caused by one factor but is instead caused by a multitude of social factors, the increased consumption of fast foods, video games replacing outdoor activities and unhealthy food options in schools, just to name a few. To create an environment where children learn the benefits of a proper diet and exercise I believe the change must begin in schools. The current model of authoritarian leadership, where decisions are passed from the top down, must be replaced by a democratic and transformational one in which the opinion of the students is sought during the development of health and exercise curricula. By involving the children there will be greater buy-in and they will be more likely to make life-altering decisions to eat and exercise properly. Stakeholders often have better ideas than the leader of how to address problems. To address the obesity problem successfully, stakeholders must be involved.

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Introduction

A look at a new leadership style for schools is essential in preventing childhood obesity. The new model must involve students in the decision making process of which health programs should be taught and which activities should be included in physical education programs. The current leadership style used in schools is one of an authoritarian model in which students do not have a voice in how information is provided to them. Individuals who have a voice in the process are much more likely to believe in and execute the process. After a look at the current state of childhood obesity in the U.S. and an understanding of the circumstances that created this growing public health concern, I propose a new school leadership model that allows students to be involved in the process. This model is one of traditional democratic and transformational leadership. By adopting a new leadership model, it may be possible to reverse the childhood obesity trend. Without this change in leadership philosophy, I fear that the trend will continue and the consequences will be severe.

Significance of the Problem

If current trends continue, over 24% of children will be obese or overweight by 2015 (Physicians Committee for Responsible Medicine, 2007). Childhood is a time in which an individual creates the habits that will follow him through a lifetime. If a child has the values instilled in him to do the things necessary to become obese, then that child will likely remain that way throughout his life, however if the child is willing to do what is necessary to be healthy then the child will continue this through his lifetime. I believe that this education is best provided in the school setting and it is for this reason that the leadership style in the school must change. Without changing the leadership styles in the schools, children will continue becoming obese or overweight and this will have many drastic consequences. People that are overweight during their formative years will face an increased chance of become obese later in life, making them more susceptible to such complications as diabetes, high blood pressure, and heart disease. Obesity will increase total blood volume, which will in turn put extra stress on the heart (Washington University, 2007). Outside of the inherent health risks, the main burden is cost. If a person is unhealthy, he will have more visits to the doctors and may even have heart surgery earlier in life. Primary income providers who die at an earlier age from these conditions will leave behind their families that will no longer be provided with even the most basic of care. This will increase the demand on social welfare programs, causing states to decide whether they should increase taxes or cut funding to other programs to pay for this increased demand. Furthermore, if a child is unhealthy while attending school, his educational development will be hampered, and his poor health will end up costing insurance companies much more money. A child who is unable to attend school may miss the lessons he needs to understand the importance of healthy eating and proper exercise. A recent study demonstrates that children who are overweight or obese miss up to 20% more school than their healthy-weighted counterparts (University of Pennsylvania, 2007). Moreover, as insurance companies have to pay more money because more individuals are seeking increased health care services, they will have to drastically raise premiums for all individuals preventing lower income families from affording insurance. Then the state will end up paying for the child's health care,

which takes away needed resources from other sectors, including education. Finally, a survey conducted in 2000 found that nationally, only 6.4% of middle schools provided the recommended length of physical education to their students (Northwestern University, 2007). Schools must be leaders in promoting exercise in children and this growing public health crisis cannot be adverted until all schools provide the recommended length of physical activity for children. If a change in leadership does not occur soon then this public health concern will quickly spiral out of control. If the old model of authoritarian control over how information is provided to students and the ways in which they will exercise is not changed then there is little hope of reversing course and lowering the rate of childhood obesity.

Factors Related to or Affecting the Problem

The consequences of failing to instill proper nutritional and exercise habits into students are numerous and disastrous. Clearly, current leadership techniques are ineffective at solving this problem and therefore, without a change, the situation will continue to worsen. How did we create a society that has seen the rate of childhood obesity rise from approximately 5% in the late 1960s to over 16% in 2000 (Institute of Medicine of the National Academies, 2004)? No single event or social factor is responsible for this drastic increase; instead a combination of many factors that have caused this outcome. Fast food, video games, transportation other than walking or biking, decreased school physical education programs, and access to unhealthy food choices in schools, such as regular sodas and high fat foods, all bear some responsibility for this growing public health concern (Institute of Medicine of the National Academies, 2004; Physicians Committee for Responsible Medicine, 2007).

Bowman et al. (2004) found that 30.3% of children aged 4 to 19 ate fast food once a day and consumed more total calories and fat and fewer fruits than children who did not. As families become increasingly busier the reliance on fast food as a primary nutrition source will continue increasing as well. One way that fast food companies are trying to curb childhood obesity is by offering healthier alternatives. Many companies are selling items lower in fat and are offering fruit instead of french fries or milk instead of soda with their value meals (Robinson et al., 2007; Wendy's, 2007). Whereas this "culture change" is an improvement, much remains to be done because these meals still do not provide children with the essential nutrients they need. Robinson et al. (2007) described how children develop brand loyalty as early as age 2. Children were given identical foods, one with a McDonald's wrapper and one in a plain wrapper and asked which taste they preferred. For each food item, more children preferred the McDonald's wrapped food to the plain option. These results were statistically significant in all but one test. This study demonstrates a major problem in ensuring proper nutritional intake for children. As their time in front of a television increases, so does their exposure to advertisements. Childhood food and beverage advertising expenditure reached nearly $12 billion in 2002 and because the advertisements are having the desired effect, without a push for corporate responsibility parents who allow their children to watch television will have a difficult time preventing the creation brand loyalty in their children (Spake, 2004). If the child prefers items from a particular fast food restaurant, the child will pester his parents to take him there instead of eating healthy food prepared from home.

As our lives become increasingly busier we rely more and more on fast foods for meals and we also get less sleep, another risk factor for the rise in childhood obesity. A recent study found that increasing sleep by one hour per night lowered the chance of being overweight by 4% in children aged 8-13 (Northwestern University, 2007). This study demonstrates how a simple lifestyle change can make a difference in reducing childhood obesity, but for it to be effective there needs to be a cultural change to reduce the requirements put on children to allow them to get to bed earlier.

Playing sedentary video games for entertainment instead of more active forms of entertainment is also linked to the growing obesity problem. A child who spends hours in a sedentary position playing a sports game is not going to burn nearly as many calories as the child who is out actually playing that sport (Institute of Medicine of the National Academies, 2007). As video gaming systems become increasingly popular, the rate of childhood obesity is likely to climb with it. With the increasing popularity of such gaming devices as the Nintendo Wii, a more active video gaming system, we may actually see the negative effects of video game playing start to taper off. Whereas a more active video gaming system is still no replacement for strenuous activity, it is still a marked improvement over older, sedentary, systems. Furthermore, physical education programs across the nation are beginning to adopt the videogame Dance Dance Revolution into their regular curricula. The children flock to the game, and a recent study found that it reduces blood pressure and increases fitness scores (Schiesel, 2007).

Coinciding with the increase in video game use by children, there is also a marked decrease in walking or biking amongst them. As families move

into suburbia, there is less of a chance for the children to bike to and from the local teenage hangouts and more of a demand for their parents to drive them to these locations. In years past it was possible to walk or bike down the road to get to the local store or entertainment source, but now those locations are at a much greater distance, and the risks associated with traveling to them by bike or walking is increased due to heavier traffic and higher crime than ever before (Institute of Medicine of the National Academies, 2007).

Just over a decade ago while I was in middle school, a typical lunch consisted of a slice of pepperoni pizza from one of the major national chains and a regular soda. While it certainly tasted good, it is hard to imagine a lunch with less nutritional value than that. I remember the line for this pizza was always very long, so long that some days I would get my pizza as the bell was ringing for me to return to class. I also noticed that the line for the healthy school lunch was always empty within 5 minutes. With so many options and such a poor understanding of the health implications, the students gravitated towards the tastiest option instead of the healthiest. Some school districts are moving away from offering such non-nutritional foods, but there remain many districts that have not. Healthy School Lunches, part of the Physicians Committee for Responsible Medicine, advocates providing healthier lunch options in schools and provides a report card each year from a sampling of the largest U.S. school districts. The report card not only ranks schools based on the lunch provided but also lists the activities the district has performed in an effort to curb obesity (Physicians Committee for Responsible Medicine, 2007). This allows for a sharing of best practices to help struggling districts successfully implement healthier food options.

Implications for Leadership

The main problem with the current middle school curriculum is that adults develop it and it is passed down from the school board to the principal to the teacher to implement. It is an authoritarian system in which students are told what they are going to learn and how they are going to learn it without having the chance to share their own ideas. Whereas it is necessary to ensure that students learn a specific set of material, I believe a system in which the students have a say in the material will produce a greater pupil buy-in, thus increasing the likelihood of a successfully instilling proper dietary and exercise guidelines to keep them healthy now and in the future. Students tend to reject doing things that they are told they have to do, especially when they have little to no say into the decisions. By creating a system where students' ideas are sought to help develop the health education curriculum a more effective education program will emerge.

Ralph Stayer (1990) describes in his book, *How I Learned to Let My Workers Lead* how after giving the frontline employees the responsibilities typically associated with upper management, downtime decreased by over 30% , and rejects dropped off from 5% to less than .5%. By allowing the employees control over their situation, the employees took a greater interest in their work. The same strategy should be applied to students and health education to combat childhood obesity. By allowing students to be involved in the process instead of forcing a curriculum onto them, the students will be more likely to learn and apply the material.

The leadership philosophy that best fits this model of health education in middle schools is a democratic and transformational style. A democratic leader is one who leads by committee; this leader initiates the conversation but allows the group to decide the best course of action, while still realizing that some decisions cannot be made by a committee and will overrule impractical committee decisions. A transformational leader is one who creates an environment in which the subordinates or students have the yearning to successfully implement the health education curriculum. Encouragement and concern for the needs of each student are the foundations of a transformational leader. A transformational leader inspires others to succeed instead of dragging the person along (Rue & Byars, 2000). If a student does not have a desire to eat well or exercise, then he will not. It will require a transformational leader to create this desire within the children, thus creating greater acceptance and execution of the curriculum and exercise programs.

To help curb childhood obesity, a committee of students, teachers, leadership, and health experts at the school level should be formed to discuss the best way to present and encourage health information on proper dietary and exercise guidelines. This committee will be responsible for determining the best method to present the information to the students, be it traditional, instructor-led lectures or using Accelerated Learning principles where the students have a much more active role in their learning. Accelerated Learning is centered on involving the whole body instead of just the mind in the learning process by avoiding didactic lectures and replacing it with student-led activities, hands-on exercises, singing, or learning games (Meier, 2000). Additionally, the committee will also determine unique exercises that are fun for the students, be it the traditional exercises in gym class of running laps and stair climbs, or nontraditional ideas such as gardening

and dancing. An exercise program developed by students, for students, is much more likely to succeed than one forced upon them.

Whereas it is likely that the students on this committee will develop seemingly impractical ideas, it is important to implement the best of them. Consider the example of Sam Mountain, a franchise owner for a one of the nation's largest pizza chains. Sam believed that some of the best ideas for success would come from his employees, typically teenagers, and held weekly staff meetings to listen to ideas from his employees. Ideas such as driving a pizza truck through neighborhoods selling pizza and giving out a pizza for every home delivery were just two of the many examples his staff developed. Sam allowed the staff to implement their ideas, and as a result he has one of the most profitable franchises within the entire chain (FranklinCovey, 2005). By creating an environment in which the stakeholders' voices are heard, it is possible to achieve unprecedented results. By allowing students a voice in the process, the outcomes will be far greater than by simply forcing information upon them.

Finally, a transformational leader is one who inspires change in the students. An important way to do this is to lead by example. Instead of sitting on the side observing the students' workout routine the teacher should be actively engaged in it. The inspiration should come from all levels within the school, so even the principal should be actively engaging in the exercise portion of the course. The success of the program relies on creating a culture where following proper dietary and exercise guidelines are the rule instead of the exception. Vending machines are a highly profitable way for a school to make money to help provide the best education possible. The problem is that oftentimes these vending machines are filled with high fat, low nutritionally beneficial foods, thus adding to the childhood obesity problem in the country. The funding these machines prevents many schools from removing them and therefore, creative solutions must be found to balance the need for the additional revenue with the need to provide healthy food and drinks to children. One high school principal, Bryan Bass, did just that. The principal at North High School in Minneapolis filled 12 of the 16 vending machines with only water while leaving 1 with soda. He also changed the school policy to allow water in the classroom but not soda or juice. Water was sold for 75 cents while the soda sold for $1.25. Within 2 years of making this change the profits from the vending machines nearly tripled. Bass attributes the success of this change to creating a culture in which "water is cool". By using price as a motivating factor, Bass was able to inspire change in his school (Spake, 2004). He was a transformational leader, and by gaining acceptance of his ideas was able to make an impact on the health of his school.

The urgency in which we change our leadership style to help fight childhood obesity cannot be understated. I believe that if drastic changes are not taken quickly, we may have a hard time changing the current trends. Having democratic and transformational leaders in our education system gives us the best opportunity to curb this growing public health crisis. By involving the students in the decision making process, a democratic leader can expect an increased effectiveness of the material and by being transformational, this leader will create a system in which healthy ways are the norm. By creating an environment in which children want healthier food options and seek exercise the other social factors that were once causing this problem will no longer be a concern.

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